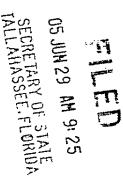
Po1000079335

	1
(Requiremental Name)	
s ivalle)	
	·
	 -
(Address)	_
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	٦
	╛
Office Use Only	



400056519104



06/29/05--01018--017 **35.00

RATRO DO

COVER LETTER

Division of Corporation	ons		e e e e e e e e e e e e e e e e e e e		
SUBJECT: Mason Dixon Co	ntracting, Inc	corporation)			
DOCUMENT NUMBER: P	01000079335				
The enclosed Statement of Ch		e/Agent and fee ar	e submitted for filing.		
Please return all corresponden			· ·		
William W					
	(Name of co	ntact person)			
 	(Firm/C	ompany)	· · · · · · · · · · · · · · · · · · ·		
191 North Central Ave (Address)					
	(Aut	11055)			
Umatilla,	FI 32784				
	(City/state a	and zip code)	······································		
For further information conce	ming this matter, please	call:			
Andrew Dixon		at (352	347-3500		
(Name of cont	act person)	(Area code	347-3500 & daytime telephone number)		
Enclosed is a \$35.00 check m	ade payable to the Depar	tment of State.			
Ame Divis P.O. 1	ng Address: adment Section ion of Corporations Box 6327 nassee, FL 32314	Amendi Division 409 E. C	Address: ment Section in of Corporations Gaines Street see, FL 32399		

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-		17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
	the corporation: Mason Dixon Con	
		11 Building C Unit 1 Belleview, FI 34420
2. The principal	office address: 12217 02 11177.	
3. The mailing a	address (if different):	-
4. Date of incorp	poration/qualification: 08/08/2001	Document number: P01000079335
	I street address of the current registement of State:	tered agent and registered office on file with the
	Gary L Summers / Williams Smi	th & Summers, PA
	380 W Alfred St	ALCH IT
	Tavares, Fl 32778	SECRETAR ALLIANAS
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office
	William Walker	ORIE OR
	191 North Central Ave	7
	(P.O. Box NOT a	eceptable)
	Umatilla, Fl 32784	
The street address changed will	ess of its registered office and the	e street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so
	15	Andrew Dixon President
(Signati	ure of an officer or director)	(Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is bet corporation ha	the appointment as registered as to comply with the provisions of and I am familiar with and accept ing filed merely to reflect a change is been notified in writing of this continued.	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
Mille	is I for	06/21/2005
(Si	gnature of Registered Agent)	(Date)
If signing on bo	chalf of an entity:	
	Typed or Printed Name)	_ v

* * * FILING FEE: \$35.00 * * *