Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : MORAN & SHAMS, P.A.

Account Number: 120000000003 Phone : (407)841-4141 Fax Number : (407)841-4148

REGISTERED AGENT CHANGE

H.I.S. CONTRACTORS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the	provisions of sections 607.0502	2, 617.0502, 607.1508, or 617.150	8, Florida Statutes,
	f change is submitted for a corpo	ration organized under the laws of	the State of
FLORIDA	in order to change its reg	istered office or registered agent,	or both, in the State
of Florida.			
J. The name of	the corporation: H.I.S. CONTRAC	CTORS, INC.	- 200 SQ
2. The principal	office address: 5261 E. Arbor St	reet, Inverness, Florida 34487 Z	F 3 63
	 .		製了
	44 05 150	<u></u>	372
3. The mailing a	address (if different):		
			70,
4. Date of incor	poration/qualification:1/11/200	Document number:	P02000003813
5. The name and	d street address of the current regi	stered agent and registered office o	n file with the
Florida Depa	rtment of State:		
	Gary M. Berkson		
	1132 Symonds Avenue		<u> </u>
	Winter Park, FL 32789		
6. The name at	nd street address of the new regi	stered syent (if changed) and for	registered office (if
changed):	Gary M. Berkson	<u> </u>	<u>.</u>
,	111 N. Orange Avenue, Suite 120	3	
•	-	mailrox NOT acceptable)	· · · · · · · · · · · · · · · · · · ·
_	Orlando, Florida 32801		
agent, as change	ed will be identical.	street address of the business offi	•
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 seen notified in writing of the chan	r by an officer so
The age of the		Rick Hamilton, President	
	, children or vice chairmen of the poard)	(Printed or typed name and in	
I further agree performance of registered agen office address,	the apply with the provisions of the comply with the provisions of the first duties, and I am familiar with the first document is being for the corporation of the corporation of the corporations and the corporations are applied to the corporations are ap	gent and agree to act in this capac all statutes relative to the proper of h and accept the obligation of my lied merely to reflect a change in i ation has been notified in writing o	ny. ind complete position as he registered of this change.
	grature of Registered Agent)	(Date)	
If signing on bohal	f of an entity:		
	yped or Printed Name}	(Capacity)	······································

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

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314