202000031732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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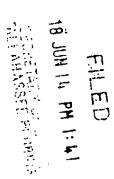
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COVER LETTER

Division of Corporations							
SUBJECT: Global Dredging, Inc.							
Name of Corporation							
DOCUMENT NUMBER: P02000031732							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Rocco Cavo							
Name of Contact Person							
Global Dredging, Inc.							
Firm/Company							
2740 SW MARTIN DOWNS BLVD, #176							
Address							
Palm City, Florida 34990							
City/State and Zip Code							
globaldredging@aol.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Rocco Cavo Name of Contact Person at (954) 415-6588 Area Code & Daytime Telephone Number							
Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address: Amendment Section Street Address: Amendment Section							
Division of Corporations Amendment Section Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building							
Tallahassee, FL 32314 2661 Executive Center Circle							

Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0. hange is submitted for a corpo	oration organized i	ınder the laws o	f the State of <u></u>	Florida	-
	der to change its registered off	Ü	igent, or both, in	the State of F	lorida.	
1. The name o	f the corporation: Global D	reaging, inc.		470 5 1		0.400
2. The principa	al office address: 2740 SW	MARTIN DOW	'NS BLVD, #	1/6, Palm	City, Florida	3499
					*	
3. The mailing	address (if different):		-			
4. Date of inco	orporation/qualification: 3/22	2/02	Document num	ber: P0200	00031732	
	nd street address of the curren artment of State: (If resigned,		and registered of	fice on file wi	th the	
	Rocco Cavo					
	7548 South U.S. High	ghway 1, #18	1		18	
	Port St. Lucie, Florid	da 34952			金石	T)
6. The name ar (if changed)	nd street address of the new re	gistered agent (if c	changed) and /or	registered off	ice	E E D
	Rocco Cavo				To be	
	2740 SW Martin Do	wns Blvd., #1	76		``	
		P.O. Box NOT accepta	ble			
	Palm City, Florida 3	4990				
The street add as changed wi	ress of its registered office ar	nd the street addre	ss of the busines	ss office of its	registered age	nt,
Such change value of the such change with the such authorized by	vas authorized by resolution of the corporation	fuly adopted by its has been notified	s board of direct in writing of the	ors or by an o	officer so	
(/ K	/h	Ro	cco Cavo	\mathcal{P}		
/ °	ture of an officer or director		•	ped name and title	:	•
I hereby accept further agree performance of agent. Or, if it hereby confirm	of the appointment as register to comply with the provision of my duries, and I am familia his document is being filed m at that the corporation has be	red agent and agre is of all statutes re r with and accept werely to reflect a c en notified in writ	te to act in this of the to the pro- the obligation of thange in the re- ing of this chang	capacity, oper and com of my position gistered office ge.	plete as registered e address, I	
////	/ /m		6 -	6-18	3	
	grature of Registered Agent		_	Date	· · ·	
If signing on b	ehalf of an entity:					
Rocco Cav	v o					
-	Typed or Printed Name					

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