P02000114279

(Requestor's Name)						
(Address)						
, ,						
(Address)						
(Address)						
•						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
· ·						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
•						





600129435976

05/20/08--01015--005 **35.00

FILED

08 MAY 20 PM 3: 26

5EURE LARY OF STATE
ALLI AHASSEE, FLOORIE

12 /20 m

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: CCI HAULING, INC.	.)				
(Name of Corporation)				
DOCUMENT NUMBER: P02000114279					
The enclosed Statement of Change of Registered Office/Agent and	nd fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	lowing:				
ANGELO VERRELLI					
(Name of Contact Person)					
CCI HAULING, INC. (Firm/Company)					
(Firm/Company)					
20719 US HWY 301					
(Address)					
DADE CITY FL 33523					
(City/State and Zip Cod	e)				
For further information concerning this matter, please call:					
to tuttle information concerning and matter prease can					
DOROTHY CARR (Name of Contact Person) at (35)	at (352) 583-4204				
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of St	ate.				
Mailing Address:	Street Address: Amendment Section				
	Division of Corporations				
	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
,	Tallahassee, FL 32301				
2.00					

$_{\bullet}$. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502 ange is submitted for a corporati er to change its registered office	ion organized u	nder the laws of the Stat	e of FLORIDA
1. The name of	the corporation: CCI HAULING,	INC		
	office address: 20719 US HWY		Y FL 33523	
3. The mailing a	address (if different): PO BOX 1	947 DADE CI	TY FL 33526	
4. Date of incorp	poration/qualification: 10/23/20	002	Document number: P02	2000114279
	d street address of the current regrtment of State:	gistered agent a	nd registered office on f	ile with the
	JUSTIN W FLETCHER			36
	20719 US HWY 301			TAR
	DADE CITY FL 33523			
6. The name and (if changed):	d street address of the new regist	ered agent (if c	nanged) and /or register	- (4
	ANGELO VERRELLI		,	
	20719 US HWY 301			
	DADE CITY FL 33523	T acceptable)	***	
The street addre	ess of its registered office and to be identical.	he street addre	ss of the business office	e of its registered agent,
_	as authorized by resolution dul he board, or the corporation has			
augh	o Verrelli	<u>AN</u>	GELO VERRELLI PR	
//	the appointment as registered to comply with the provisions a ad I am familiar with and accep ing filed merely to reflect a cha s been notified in writing of thi.	agent and agre of all statutes re of the obligation of the regi s change.	re to act in this capacite elative to the proper ai 1 of my position as reg stered office address, I	v. d complete performance istered agent. Or, if this hereby confirm that the
- ay	& Muelli		5/14/08	2
If signing on be	chalf of an entity:		/ / (izale)	
	Typed or Printed Name)			

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