PD2000120994

(Requestor's N	lame)				
(Address)					
(Address)	<u></u>				
(City/State/Zip.	(Phone #)				
PICK-UP WA	IT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certi	ficates of Status				
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COVER LETTER

то:	Amendmer Division of	nt Section Corporations					
SUBJ	JECT:	Construction Litigation	on Support, Inc.				
DOC	UMENT NU	MBER: P020	000120994				
The e	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:							
	D. Frank Wright						
	•	Name of Cor	tact Person				
	Wright, Fulford, Moorhead & Brown, P.A.						
		Firm/Co					
		505 Maitland Ave					
		Addi					
		Altamonte Spring	s, Florida 32701				
	City/State and Zip Code						
		fwright@wfm	blaw.com				
	E-mail address: (to be used for future annual report notification)						
For fu	ırther informa	tion concerning this matter, please c	all:				
		D. Frank Wright	at (407) 425-0234 Area Code & Daytime Telephone Number				
	Nan	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.0	0 check made payable to the Depart	ment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of chang	ge is submitted for a corporation c	7.0502, 607.1508, or 617.1508, Floria organized under the laws of the State c egistered agent, or both, in the State c	of Florida		
1. The name of the	e corporation: Construction	Litigation Support, Inc.			
2. The principal of	ffice address: 145 North Magn	olia Avenue			
Orlando, Flo					
	dress (if different): 145 North M Florida 32801	Magnolia Avenue			
4. Date of incorpo	ration/qualification: 11/08/2	2002 Document number:	P02000120994		
	street address of the current registe ment of State: (If resigned, enter re	red agent and registered office on file signed)	₩.C.		
<u>.</u>	D. Frank Wright				
	145 North Magnolia Avenue)	E RAS		
	Orlando, Florida 32801		9 PK		
D. Frank Wright 145 North Magnolia Avenue Orlando, Florida 32801 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): D. Frank Wright					
- !	505 Maitland Avenue, Suite	1000			
		ox NOT acceptable			
	Altamonte Springs, Florida	32701			
The street address as changed will b	s of its registered office and the s	street address of the business office of	of its registered agent,		
Such change was authorized by the	authorized by resolution duly ad board, or the corporation has be	lopted by its board of directors or by en notified in writing of the change.	an officer so		
Signature	of an officer or director	Printed or typed name a	nd title		
I hereby accept the I further agree to of my duties, and document is being corporation has been accepted.	ne appointment as registered age comply with the provisions of al I am familiar with and accept th g filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. I statutes relative to the proper and to e obligation of my position as regist on the registered office address, I he ange.	complete performance ered agent. Or, if this ereby confirm that the		
9/	VI .	1/13/2010			
Signa	ture of Registered Agent	Date			
If signing on beha	alf of an entity:				
Тур	ed or Printed Name				

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