P02779

(Re	equestor's Name)	,	
(Ac	ldress)		
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(Cr	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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R.A. Chq. C.COULLIETTE AUG 25 2011

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 889669 7846959

AUTHORIZATION

COST LIMIT

ORDER DATE: August 24, 2011

ORDER TIME: 9:35 AM

ORDER NO. : 889669-010

CUSTOMER NO: 7846959

CHANGE OF AGENT

NAME: WESTWOOD CONTRACTORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of change is	submitted for a corporation (7.0302, 607.1308, or 617.1308, Florida Statutes, the organized under the laws of the State of Texas	us ———	
	0 0 10	registered agent, or both, in the State of Florida.		
1. The name of the co	rporation: WESTWOOD C	CONTRACTORS, INC.		
2. The principal office 951 W. 7th St	address:reet, Ft. Worth, TX 76	5102		
3. The mailing address	s (if different):			
4. Date of incorporation	on/qualification: 07/23/198	Document number: P02779		
5. The name and stree Florida Department	•	ered agent and registered office on file with the		
NR	AI Services, Inc.			
515	E. Park Avenue			**************************************
Tal	lahassee, FL 32301			ASTO.
6. The name and stree (if changed):	t address of the new registered	d agent (if changed) and /or registered office	16 25 A	
Cor	poration Service Com	pany	AH II: 15	3000 1000 10000 1
120	1 Hays Street		AI II	AIK.
	(P.O. Box NOT acc	eptable)	2/2	;
<u>Tal</u>	lahassee, FL 32301			
The street address of as changed will be ide	its registered office and the sentical.	street address of the business office of its registere	ed agent,	
Such change was authauthorized by the boa	norized by resolution duly acted, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	,	
Mauren	officer or director)	Maureen Cathell, Vice President		
I hereby accept the ap I further agree to con of my duties, and I an document is being file corporation has been	opointment as registered age iply with the provisions of al infamiliar with and accept the indicated a change inotified in writing of this ch	ent and agree to act in this capacity. I statutes relative to the proper and complete perf e obligation of my position as registered agent. C in the registered office address, I hereby confirm ange.	formance Or, if this that the	?
	Service Company	August 23, 2011		
(Signature	of Registered Agent)	(Date)		
If signing on behalf o	f an entity:			
Sylvia Queppet,	Asst. VP			
(Typed or	Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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