P03000098004

(Requestor's Name)					
(Address)					
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	ty/State/Zip/Phone	. 40			
(Cit	.y/State/Zip/Filone	; #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
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(D)-	cument Number)				
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer				
Special Instructions to Filing Officer:					
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SECRETARY OF STATE

R A. Change

Office Use Only

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 24/7 CONSTRUCTION, INC. (Name of corporation)
DOCUMENT NUMBER: P 030000 98004
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:
MARTY SAPP (Name of person)
24/7 CONSTRUCTION, INC. (Name of firm/company)
P.O. Box 540361 (Address)
ORLANDO, FL 32854-0361 (City/state and zip code)
For further information concerning this matter, please call:
MARTY SAPP at (321) 45 436-4812 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the	provisions of sect	tions 607.0502, 617.05	02, 607.1508, or 617.150	98, Florida Statutes,		
	•		ganized under the laws of	•		
FLORIDA	in order to o	change its registered of	ffice or registered agent,	or both, in the State		
<i>of Florida.</i> 1. The name of t	the corporation: 24/7 CONSTRUCTION, INC.					
2. The principal	office address:	P.O. Box 540	361			
		ORLANDO, FL	32854-6361			
3. The mailing a	ddress (if different	·):		-		
4. Date of incorp	poration/qualificati	on: 9 1 1 2003	Document number:	P03000098004.		
	I street address of to tment of State:	he current registered ag	ent and registered office	on file with the		
		MARK BOOTS	4			
		1631 DEPAUL				
		ORLANDO, FL	······································	一般多人		
6. The name an changed):	nd street address o		gent (if changed) and /or	registered office (if		
-		727 SEMINO	LE AVE			
		DRLANDO, FL		OP OP		
The street addre agent, as change	ess of its registered ed will be identical	l office and the street a	ddress of the business of	fice of its registered		
Such change was authorized by the	is authorized by rene board, or the con	solution duly adopted proparation has been noti	by its board of directors of fied in writing of the cha	or by an officer so inge. M. Toors		
Signature of an officer	Chairman or vice chairman	n of the board)	(Printed or typed name and to	fle)		
Î hereby accept I further agree performance of registered agen office gildress	the appointment a to comply with the my duties, and I a t. Or, if this docur I hereby confirm the	is registered agent and provisions of all statu m familiar with and ac ment is being filed mer hat the corporation has	agree to act in this capa les relative to the proper cept the obligation of my ely to reflect a change in been notified in writing	city. and complete position as the registered of this change.		
If signing on behal						
(1	Typed or Printed Name)		(Capacity)			

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