PO4000003454

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special management to 1 ming emoci.			

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SECRETARY OF STATE

Or Vision

COVER LETTER

TO: Amen- Divisi	dment Section on of Corporations	
SUBJECT: h	nternational Bonding and Construction (Name of Corpora	on Services, Inc.
DOCUMENT	NUMBER: P0400003454	
The enclosed	Statement of Change of Registered Office/Age	nt and fee are submitted for filing.
Piease return	all correspondence concerning this matter to th	e following:
	Mike A. Piscitelli	
	(Name of Contact	Person)
	Vezina, Lawrence & Piscitelli, P.A. (Firm/Compa	ny)
	300 SW First Avenue Suite 150 (Address)	
	Fort Lauderdale Florida 33301	
	(City/State and Zi	p Code)
For further is	nformation concerning this matter, please call:	
Mike A. Pise	(Name of Contact Person)	t (954) 728-1270 (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departmen	ut 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

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2007

MIKE PISCITELLI 300 SW FIRST AVENUE SUITE 150 FT. LAUDERDALE, FL 33301

SUBJECT: INTERNATIONAL BONDING & CONSTRUCTION SERVICES, INC.

Ref. Number: P04000003454

We have received your document for INTERNATIONAL BONDING & CONSTRUCTION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign the change.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 707A00062433

Carol Mustain Regulatory Specialist II

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

-	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA			
•	r to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of t	the corporation: INTERNATIONAL BONDING & CONSTRUCTION SERVICES, INC.			
2. The principal	office address: 6352 CYPRESS GARDENS BLVD., WINTER HAVEN, FL			
		_		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 12/31/03 Document number: P0400003454	_		
	d street address of the current registered agent and registered office on file with the trment of State:			
	MIKE C. PISCITELLI			
	350 E. LAS OLAS BLVD., SUITE 1130 BY L	٠,		
	FT. LAUDERDALE, FL 33301	•		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			
	MIKE A. PISCITELLI			
	300 SW 1ST AVENUE, SUITE 150			
	(P.O. Box NOT acceptable) FT. LAUDERDALE, FL 33301			
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.				
(S/gnati	E.C. SCARBOROUGH, CEO (Printed or typed name and title)			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance as I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.			
(Signature)	gnature of Registered Agent) (Date)			
If signing on behalf of an entity:				
MIKE A. PIS	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 * * *