P04000031239

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



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SECRETARY OF STATE TALLAHASSEE, FLORID

R.A

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MAY - 4 2010

COVER LETTER

TO:

CR2E045 (8/05)

Ş.

TO:	Amendme Division o	nt Section f Corporations						
SUBJE	CCT:	Can Do Construction, Inc (address change) Name of Corporation						
DOCU	MENT NU	MRED PO4	000031239					
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
The end	closed State	ment of Change of Registered Office	e/Agent and fee are submitted for filing.					
Please	return all co	orrespondence concerning this matte	r to the following:					
	Keith Knowles							
Name of Contact Person								
			struction, Inc.					
		rim/C	ompany					
		2022 0	a Manda Da					
			c Woods Dr ress					
		Auc	11,55					
		5 . 11	51 00705					
	Deltona, FL 32725 City/State and Zip Code							
	City/State and Zip Code							
		cdconstruction						
	E-mail address: (to be used for future annual report notification)							
For fur	ther informa	ation concerning this matter, please	call:					
		Keith Knowles	407 \ 947-8390					
	Nai	me of Contact Person	at (407) 947-8390 Area Code & Daytime Telephone Number					
Enclose	ed is a \$35.0	00 check made payable to the Depar	tment of State.					
		Mailing Address:	Street Address:					
		Amendment Section	Amendment Section					
		Division of Corporations	Division of Corporations					
		P.O. Box 6327	Clifton Building 2661 Executive Center Circle					
		Tallahassee, FL 32314	Tallahassee, FL 32301					

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida		
1. The name of t	the corporation: Can D	o Construction	on, Inc.			
2. The principal Sanford, F	office address <u>:</u> 4050 W	/. State Road 4	6			
_	ddress (if different): 322 Fl 327250	23 Scenic Woo	ds Dr.			
4. Date of incorp	poration/qualification:	2/11/2004	Document number:	P04000031239		
	I street address of the cur tment of State: (If resign		nt and registered office on f	île with the		
	Keith Knowles			~		
	3223 scenic woods	dr		TALE OF THE		
	deltona, fl 32725			2010 APR 30 SECRETAR'S TALLAHASS		
6. The name and (if changed):						
	Sanford, FI 32771	P.O. Box NOT ac	ecceptable	— jor 2		
The street addre	ess of its registered office be identical.	e and the street ad	dress of the business offic	ee of its registered agent,		
Such change wa authorized by th	as authorized by resolution board, or the corporate	on duly adopted b ion has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.		
Gnatu	re of an officer or director	 	Keith Knowles			
Thereby accept I further agree of my duties, an document is bei corporation has	the appointment as regi to comply with the provi ad I am familist with and ng filed merely to reflec sheen notified in writing	stered agent and a vions of all statute I accept the obliga I a change in the r Tof this change.	agree to act in this capaci es relative to the proper a tion of my position as reg registered office address, i	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the		
	nature of Registered Agent		04-27-2	2010		
	half of an entity:		Date			
- -	keith knowles					
T	yped or Printed Name					

Line.

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