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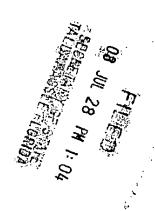
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William N. Asma, P.A.

Attorney and Counselor at Law 884 South Dillard Street Winter Garden, Florida 34787 Ph. (407) 656-5750 Fax (407) 656-0486 william.asma.pa@earthlink.net

July 25, 2008

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Conte Construction Inc. P04000036246

Dear Sir/Madam:

Enclosed please find the following documents for filing:

Articles of Amendment Statement of Change of Registered Agent

I have enclosed \$70.00 for the filing fee. Thank you for your attention concerning this matter.

Nam More

Sincerely,

Sharon D. Morgan for

William N. Asma, Esquire

:sm

Enclosure

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge 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.
	he corporation: Conte Construction, Inc.
	office address: 1500 Fullers Cross Road Winter Garden, Florida 34787
3. The mailing a	ddress (if different): PO Box 380 Ocoee, Florida 34761
4. Date of incorp	poration/qualification: 02/24/2004 Document number: P04000036246
	street address of the current registered agent and registered office on file with the tment of State:
	Gail M. Conte
	1500 Fullers Cross Road
	Winter Garden, Florida 34787
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	William N. Asma, P.A.
	884 South Dillard Street
	(P.O. Box NOT acceptable) Winter Garden, Florida 34787
The street addre as changed will	ss of its registered office and the street address of the business office of its registered Agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Daie a	Coxte re of an officer or director) Gail A. Conte P. (Printed or typed name and trille)
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	1/25/08
	half of an entity:
(1)	yped or Printed Name) * * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)