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DIVISION OF CORPORATION

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Topida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Dave'S Excovating. In C 2. The principal office address: 19799 Goin Outbock de Nua Fi 3392D
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/200 Document number: P0400004151)
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Resigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): David Rice 19799 Goid Datack dr
alva FE 3392D
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so
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. Signature of an officer of director Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is heing filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
David Rice Typed or Printed Name

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