P0400068823

Office Use Only



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09/13/06--01014--018 **35.00

SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS
OF SEP 13 PH 2:35

A Change 09/14/06

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

statement of cl	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	uis	
	f the corporation: Triple T Construction, Inc.		
	al office address: 10060 NW HWY 225A, Ocala, FL 34482		•
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 4/23/2004 Document number: P04000068823		
5. The name ar	nd street address of the current registered agent and registered office on file with the partment of State:		
	George A. Thompson, III		
,	10060 NW Hwy 225A		<u>=</u>
	Ocala, FL 34482	S 90	VISIO
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered office	SEP 13	ION OF CORPORAT
	Michael E. Dean, Esquire	PK)RP0
:	230 NE 25th Avenue, Suite 100 (P.O. Box NOT acceptable)	2: 35	RATIONS
	Ocala, FL 34479		S
The street add as changed wi	ress of its registered office and the street address of the business office of its registered be identical.	ed agent,	,
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.)	
Signa (Signa	George A. Thompson, III, President (Printed or typed name and title)		
	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. The eing filed merely to reflect a change in the registered office address, I hereby confirm as been portified in writing of this change.	formance Or, if this that the	e s
	Syntagure of Registered Agent) 9-12-06 (Date)		
	pehalf of an entity: (Date)		
Dean and De			
	(Typed or Printed Name)		
	* * * F1LING 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)