## P04000078210

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



700061349137

117-4 95-40102 1-5011 \*\*\*\*5.00

FILED

05 NOV I L AM 9: 52

11 AHASSEE FINATE

1:40 of or

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: M & A Concrete Sucs, of Central Florida, INC. (Name of Corporation)		
DOCUMENT NUMBER: P0400078210		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Miguel A. ORtega (Name of Confect Person)		
M&A Concrete Sucs. of Central Florida, INC. (Firm/Company)		
14765 Renfroe Ave. (Address)		
Dover FL 33527 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Wiguel A. ORtega at (813) 763-0307 (Name of Contact Rerson) at (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department 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

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

statement of change is submitted for a corporation organized under the laws of the State of Florida Matthews.
in order to change its registered office or registered agent or both, in the State of Florida.
1. The name of the corporation: M&A Concrete Sucs of Central Florida, INC.
2. The principal office address: 14765 Renfroe Ave.
Dover, FL 33527
3. The mailing address (if different): SAME AS Aboute
4. Date of incorporation qualification: 5-14-2004 Document number: P04000078210
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Imelda Buenavista
14765 Renfroe Ave.
Dover FL 33527 AR & T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Miguel A. ORtegn 55 40 D
14765 Ren Froe Ave.
Dover, FL 33527
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 authorized by the board, or the corporation has been notified in writing of the change.
Miguel A. ORtega (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 and amiliar with and accept the obligation of my position as registered agent. Or, if this document is being 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:
Miguel A. Oatega (Typed or Printed Name)

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