## P04000165761

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

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TO:	Amendment S Division of Co	ection prorations					
SUBJECT: BP CARPENTRY SERVICES INC.							
		(Name of corpora	ition)				
DOC	UMENT NUMI	BER:P0400016576	31				
The er	closed Statemer	nt of Change of Registered Office/Age	nt and fee are submitted for filing.				
Please	return all corres	pondence concerning this matter to the	e following:				
JON P. PIERSON							
	(Name of contact person)						
	BP CARPENTRY SERVICES INC.						
(Firm/Company)							
		7205 ALAFIA	DRIVE				
		(Address)					
	The state of the state of	and the second s					
	RIVERVIEW, FL 33569						
		(City/state and zip	code)				
For fu	rther information	a concerning this matter, please call:					
	NICH	OLAS BALLARD at (	813 ) 671-1679				
	(Name	of contact person)	(Area code & daytime telephone number)				
Enclos	sed is a \$35.00 c	heck 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 409 E. Gaines Street Tallahassee, FL 32399				

CR2E045(6/04)

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

Pursuant to the provisions of sections statement of change is submitted for a in order to change its registe	corporation organized	under the laws of the State	e of Florida				
The name of the corporation:	BP CARPEN	BP CARPENTRY SERVICES INC.					
2. The principal office address:	7205 ALAFIA	DRIVE, RIVERVIEW FL.	33569				
The mailing address (if different): 7205 ALAFIA DRIVE, RIVERVIEW FL. 33569							
4. Date of incorporation/qualification:	December 9, 2004	Document number:	P04000165761				
5. The name and street address of the Florida Department of State:	current registered agent	and registered office on fi	le with the				
A1A REGISTERED AGENT INC.							
92 SADBERRY RD.							
	QUNICY, FL 32351						
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
JON P. PIERSON  TOOS ALAEIA DRIVE  TOOS ALAEIA DRIVE							
ę.	(P.O. Box NOT acceptable)  RIVERVIEW, FL 33569						
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.							
(Signature of an officer or director)		NICHOLAS BALLAR					
I hereby accept the appointment as r I further agree to comply with the pr of my duties, and I am familiar with document is being filed merely to rej corporation has been notified in writ	ovisions of all statutes and accept the obligat lect a change in the re	gree to act in this capacity relative to the proper and	d complete performance stered agent. Or, if this hereby confirm that the				
(Signature of Registered Agent)	<del></del>	(Date)					
If signing on behalf of an entity:							
(Typed or Printed Name)							

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