P05000007964

(Requestor's Name)					
(Address)					
(Address)					
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COVER LETTER

No. of the state o					
TO: Amendment Section Division of Corporations					
SUBJECT: Construction Contractors of Ame	ame of corporation)				
DOCUMENT NUMBER: P05000007964					
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Nicholas Didado-P (Na	me of contact person)				
Construction Contractors of Ar	merican, Inc. (Firm/Company)				
20474 57th Road					
	(Address)				
Lake City Fla. 32024					
·	ty/state and zip code)				
For further information concerning this matter	, please call:				
Nicholas Didado	at (386) 963-2305 (Area code & daytime telephone number)				
(Name of contact person)	(Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the	ne Department of State.				
Mailing Address:	Street Address:				

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

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized un	der the laws of	the State of Fla.		
1. The name of	the corporation: Construction Contract	tors of Am	nerican, Inc.			
	office address: 20474 57th Road La	ake City F	Fla. 32024		<u>-</u> _	
3. The mailing	address (if different):			7 - 15		
4. Date of incor	poration/qualification: 01/18/2005	D	ocument numb	er: P050000079	964	· · · · · ·
	d street address of the current registere rtment of State:	d agent and	d registered offi	ice on file with th	ne	
	Felony Didado				E 82	05
	20474 F7th Dood				RE LA	FIL FEB 25
	Lake City Fla. 32024 US				HISSE AND AND AND AND AND AND AND AND AND AND	-
6. The name and (if changed):	d street address of the new registered a	gent (if cha	anged) and /or r	registered office	OF STATE	PH 3: 4:9
	David McCormack					:_
	6032 S. 441					
	(P.O. Box, NOT accepts	able)			<u>v.</u>	
	Lake City , Fla. 32025		·			e ne g
The street addr	ess of its registered office and the stre be identical.	eet address	of the busines	s office of its re	gistered	agent,
Such change wauthorized by t	as authorized by resolution duly ador he board, or the corporation has been	ted by its notified in	board of direct	tors or by an off change.	icer so	
Nicho	las Violado	Nich	olas Didado - I			
(·	ure of an officer of director) the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree tatutes rel obligation the regist		typed name and litte) capacity oper and comple as registered as dress, I hereby c		mance , if this hat the
Date	meled		2-24	- 05		
(Si	gnature of Registered Agent)		······································	(Date)	····	
If signing on be	chalf of an entity:		-			
	Typed or Printed Name)			·		

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