P05000011615

(Re	equestor's Name)	-
(Ad	Idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	o #\
(Cil	ty/State/Zip/Priori	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

L.A. Charge

C. Coulliette NOV 1 9 2007

COVER LETTER

Division of C	Corporations	
SUBJECT: Mar	tinez Concrete & Layout In	
	(Name of C	orporation
DOCUMENT NUM	BER: P05000011615	
The enclosed Stateme	ent of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corre	espondence concerning this matter	to the following:
	Adalberto V. Martir	
_	(Name of Cor	ntact Person)
		ete & Layout, inc.
	(Firm/Co	ompany)
	38 Catta Tra	
	(Add	ress)
	Haines City, Florid	a 33844
	(City/State an	d Zip Code)
For further information	on concerning this matter, please c	all:
Adalberto V. Martine		at (<u>863</u>) 557-2308 (Area Code & Daytime Telephone Number)
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 o	check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . \cdot FOR CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida Floridaerror to change its registered office or registered agent, or both, in the State of Florida.	:
1. The name of	the corporation; Martinez Concrete & Layout, Inc.	
2. The principal	l office address: 38 Catte Road Haines City, Florida 33844	
3. The mailing a	address (if different); P.O.Box 5237, Haines City, Florida 33845	
4. Date of incorp	poration/qualification: January 24, 2005 Document number: P05000011615	
	d street address of the current registered agent and registered office on file with the rtment of State:	
	MARTINEZ, NOEL V	
	5891 JENNINGS RD HAINES CITY FL 33844	
		SE
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETAR) LAHASSI
	MARTINEZ, ADALBERTO V	Y OF
	38 CATTETRAIL HAINES CITY FL 33844 US (P.O. Box NOT acceptable)	STATE
The street addre as changed will	ess of its registered office and the street address of the business office of its registered be identical.	agent,
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
XAda lber	Adalberto V. Martinez - President (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performs I am familiar with and accept the obligation of my position as registered agent. Or ing filed merely to reflect a change in the registered office address, I hereby confirm the seen notified in writing of this change.	mance if this rat the
XAda lbe	goature of Registered Agent) 11/8-107 (Date)	
If signing on bel	chalf of an entity:	
	Iberto V. Martinez	
Т)	[typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)