American Demolition & Environmental Services, Inc. 2909 Lakeview Dr Fern Pack, Florida 32730					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Do	cument Number)				
(100)	cument Number,	l			
Certified Copies	- Certificate:	s of Status			
Special Instructions to I	Filing Officer:				
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2008 APR 18 PM 2: 28
SECRETARY OF STATE
SECRETARSSEE. FLORIDA

RIVO S

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

statement of change is subm	of sections 607.0502, 617.02 nitted for a corporation orga	anized under t	he laws of the State	of_FLORIDA		
	e its registered office or regi		-			
		AMERICAN DEMOLITION & ENVIRONMENTAL SERVICES, INC.				
2. The principal office addr	ress: 2909 LAKEVIE	W DR				
	FERN PARK, F	LORIDA	32730			
3. The mailing address (if d	lifferent):					
4. Date of incorporation/qu	alification: 02/23/2005	Docur	nent number: P050	000029251		
5. The name and street add Florida Department of St	ress of the current registered tate:	l agent and reg	istered office on file			
ORVILL	ORVILLE CROUSO AREC A					
100 Car	100 Candace Drive, Suite 112					
MAITLA	MAITLAND, FLORIDA 32751					
6. The name and street add (if changed):	ress of the new registered ag	gent (if change	d) and /or registered	TILLU 2008 APR 18 PM 2: 29 SECRETARY OF STATE SECRETARSSEE, FLORIDATE GENERAL AHASSEE, FLORIDATE GEN		
BART	PHILLIPS (
600 OL	D SANFORD OVIEDO	ROAD				
	(P.O. Box NOT acceptal					
WINTE	R SPRINGS, FL 3270	8				
The street address of its re as changed will be identic	egistered office and the stre al.	et address of	the business office	of its registered agent,		
Such change was authorized by the board, of	ted by resolution duly adopor the corporation has been	ted by its boa notified in wi	rd of directors or b iting of the change	y an officer so		
Signature of an office	odriguez	P_{\wedge}	CSIDENT (Printed or typed name	e and title)		
I hereby accept the appoint I further agree to comply of my duties, and I am fan document is being filed my corporation has been not	ntment as registered agent with the provisions of all st niliar with and accept the o erely to reflect a change in fied in writing of this chang	and agree to tatutes relative obligation of n the registered ge.	act in this capacity e to the proper and ny position as regis d office address, 1 t	l complete performance stered agent. Or, if this nereby confirm that the		
· All			3/19/08			
(Signature of Reg	istered Agent)		(Date)			
If signing on behalf of an	entity:					
(Typed or Print	ed Name)					
	* * * FILING	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)