## P05000032651

		•
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		j
<u> </u>		





300134112903

08/18/08--01062--021 \*\*35.00

PILED

08 AUG 18 PM 3: 11

SECRETARY OF STATE TABLAHASSEE, FLORIDA

R-A Charge

G: Couffette AUG 2 0 200

## COVER LETTER

Division of Corporations		
SUBJECT: Brooks asphalt and Paving, line.		
DOCUMENT NUMBER: P 050003265/		
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:		
On thony Fouladi (Name of Contact Person)		
Brooks Asphalt and Paving Inc.		
775 S. Kirkman Rd Ste# 775-113		
Orlando FL 328// (City/State and Zip Code)		
For further information concerning this matter, please call:		
Anthony Fouladi at (407) 832 0815 (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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Brooks Asphalt and Paving Inc.
1. The name of the corporation: Brooks Asphalt and Paving Inc.  2. The principal office address: 775 S. Kirkman Rd Ste 775 113  Orlando, Fl 32811
3. The mailing address (if different): +he same
4. Date of incorporation/qualification: 03/03/2005 Document number: P0500003265/
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Mack, Byron
4436 Old Winter Garden Rd
Orlando, FL 32811
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Aubrey Brooks  3746 Yosemite Drive  (P.O. Box NOT acceptable)  Orlando, FL 32818
(P.O. Box NOT acceptable)
Orlando, FL 32818 55 65
The street address wits registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was a thorized by esolution duly adopted by its board of directors or by an officer so authorized by the loard, or the corporation has been notified in writing of the change.
Anthony Fouladi, Vice President (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 am familiar 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.
8/13/08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name)

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