P05000036294

DIVISION OF CORPORATIONS
2005 JUL 15 PM 2: 26

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COVER LETTER .

TO: Amendment Section Division of Corporations
SUBJECT: Ceron'S Trapical Contractors Inc. (Name of corporation)
DOCUMENT NUMBER: <u>P0500034294</u>
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:
Patricio B. Ceron (Name of contact person)
Ceron's Tropical Contractors Inc.
a741 a1# 5t.
Saracota, 72. 34234 (City/state and zip code)
For further information concerning this matter, please call: Patricio Communication at (941) 200-9000 (Name of contact person) at (941) 200-9000 (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 409 E. Gaines Street Tallahassee, FL 32399

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
m order to change its registered office of registered agent, or both, in the blade of Florida.
1. The name of the corporation: Ceron's Iropical Controctors Inc.
2. The principal office address: 2741 21 2t.
565650ta, 72.34234
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/9/05 Document number: P05000310394
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Patricia B. Ceraa
IANY Diverside Dr E
B of 1 State of
Dradenton, TL. 34308
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Patricio B. Ceron
771 21° 5t.
(P.O. Box NOT acceptable)
Darasota, 7L. 34234
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.
Habridge Rom Pres.
(Signature of an officer of director) (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.
(Signature of Registered Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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