P65000053812

(Re	equestor's Name)	<u> </u>	-
(Ac	ldress)		-
			_
(Ac	ldress)		-
			_
(Ci	ty/State/Zip/Phone i	#)	_
PICK-UP	☐ WAIT	MAIL MAIL	
(Bi	usiness Entity Name	2)	_
(Lie	ionicoo Endry Harris	-)	
(Dc	ocument Number)		-
v	, , , , , , , , , , , , , , , , , , ,		
, Certified Copies	Certificates of	of Status	
• -	_		•
Consider Instructions to	Cilia Officer	· · · · · ·	1
Special Instructions to	Filing Officer.		
			1 (
			`
			J
	Office Use Only	, a	



300162691333

11/19/09--01042--007 **50.00

ECRETARY OF STATE LLAHASSEE, FLORID!

INSTROV IT PHII: 00

COVER LETTER

Amendment Section Division of Corporations

TO:

CVID VD CO	CONTRACT BUIL	DEDS INC				
SUBJECT:	Name of Co					
DOCUMENT NUMBER:_	MENT NUMBER: P05000053812					
The enclosed Statement of C	hange of Registered Office	Agent and fee are subm	litted for filing.			
Please return all corresponde	ence concerning this matter	to the following:				
	KATHY L E Name of Con					
	CONTRACT BU		·····			
19 SUNVIEW BLVD Address						
	FT MYERS BEA	CH, FL 33931 d Zip Code				
E-mail a	contractbldrs@ address: (to be used for fu	comcast.net iture annual report not	ification)			
For further information conc	erning this matter, please c	all:				
KATHY L Name of Cor	BALDWIN tact Person	at (239)	249-1757 time Telephone Number			
Enclosed is a \$35.00 check i			time receptione realises.			
Am Div P.C	ling Address: endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center Circle			

' \cdots ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Sta	nte of FLORIDA	
1. The name of	the corporation: CON	RACT BUIL	DERS INC.		
	office address: 8336 L S BEACH, FL 3393				
3. The mailing a	ddress (if different): SA	ME			_
4. Date of incorp	poration/qualification:	04/12/05	Document number:	P05000053812	
	i street address of the cur tment of State: (If resign		ent and registered office on	file with the	
	WILLIAM K COPE	NHAER (RESI	GNED)		
	8336 LAGOON RE)			
	FT MYERS BEACI	H, FL 33931			
6. The name and (if changed):	istreet address of the nev		(if changed) and /or register	2009 NOV 19 SECRETAR TALLAHASS	gu su
	19 SUNVIEW BLV	D		<u>m</u> -<	
P.O. Box NOT acceptable					Ÿ
	FT MYERS BEACH	H, FL 33931		PHII: 00 OF STATE E.FLORID	
The street address changed will	ess of its registered offic be identical.	ce and the street ac	ddress of the business offic	T>' —	
In Taller 1	as authorized by resolut the board or the corpora re of an officer or director	ion duly adopted l tion has been noti	by its board of directors or fied in writing of the change WILLIAM K CC Printed or typed nar	<u> </u>	
I hereby accept I further agree of my duties, ar document is be		istered agent and isions of all statut d accept the oblig t a change in the g of this change.	• •	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the	
Mathey	L Balelowi tnature of Registered Agent	<u>i </u>	11/17	7/09	
	chalf of an entity:		Juc		
	ATHY L BALDWIN				
Т	vned or Printed Name				

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