P05000087679

Office Use Only



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06/02/06--01027--003 **35.00

GEORETARY OF STATE TALLAHASSEE, FIORIDA

0803

COVER LETTER

TO: Amendment Section Division of Corporations				
Smith Paganatruction Inc				
SUBJECT: Smith Reconstruction, Inc. (Name of Corporation)				
DOCUMENT NUMBER: P05000087679	·			

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:				
•				
Scott L. Smith				
(Name of Contact Person)				
Smith Reconstruction, Inc.				
(Firm/Company				
PO Box 1387				
(Address)				
Alachua, FL 32615-1387				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Iulia M. Damasau / Saatt I. Smith 252 442 0460	050 050 0704			
Julia M. Dempsey / Scott L. Smith 352-443-9160 at ((Name of Contact Person)	352 256-0761 Area Code & Daytime Telephone Number)			
(21 22	Court as Day anno Totophone (Tambet)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
Tallallassee, I'L 32314	2001 Executive Center Circle			

Tallahassee, FL 32301

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

1	provisions of sections 607.0502, 617.0502			
-	ange is submitted for a corporation organiz	• • • • • • • • • • • • • • • • • • • •		
in orde	er to change its registered office or register	red agent, or both, in the State of Flor	ida.	
1. The name of	the corporation: Smith Reconstruction, Inc.).	· 	
2. The principal	office address: 19107 NW 151st Avenue			
Alachua, Fi	_ 32615			
3. The mailing a	address (if different): PO Box 1387			
Alachua, FL	32615-1387			
4. Date of incor	poration/qualification: 06/12/2005	Document number: P05000087	679	
	d street address of the current registered ag rtment of State:	ent and registered office on file with t	he	
	Scott L. Smith			
	288 Turkey Creek			
	Alachua, FL 32615		SEC	S
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	محتر ري	
	Scott L. Smith		100 E	: 111
	19107 NW 151st Avenue (Busin	ess Physical address)	LOR VIS	
1	(P.O. Box NOT acceptable)		,	
	Alachua, FL 32615		Ĺ	
The street addr	ess of its registered office and the street at be identical.	address of the business office of its re	egistered ag	ent,
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	ficer so	
geo (Signat	use of an officer or director)	Scott L. Smith - President / Own (Printed or typed name and title)	
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and compl gation of my position as registered a registered office address, I hereby o	ete perform Igent. Or, iy confirm thai	ance f this t the
Scott	gnature of Registered Agent)	05/30/2006 (Date)		-
If signing on be	ehalf of an entity:			
Smith Recon	Struction, Inc. Typed or Printed 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)