P65060099762

| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



300067139003

03/07/06 01055-008 **35.00

as of Section 1

DOCUMENT NUMBER:__ 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:

Onald W F15her (Name of Contact Person)

(Address)

L. Pierce FL 34982
(City/State and Zip Code)

Man Contracting, Inc

For further information concerning this matter, please call:

Name of Contact Person) at (772) 467-0987 (Name of Contact Person) (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

CR2E045 (8/05)

ON COM CHAIRCING

| 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: Mad Contracting, Inc. | |
| 2. The principal office address: 6004 Sunset Blod- | |
| Ft. Pierce FL 34982 | |
| 3. The mailing address (if different): | |
| | |
| 4. Date of incorporation/qualification: 7/14/15 Document number: POSODO 99762 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Donald WFisher | |
| 1735 SW 67 Dr | _ |
| Dherchober FL 34874 | D6 MA |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | R-8 A |
| Uonald Wither Fig | = |
| 6004 Sunset Slud BA | 07 |
| F.C. Box NOT acceptable) F.L. PLENCE F.L. 34974 | |
| 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. | |
| (Signature of an officer or director) (Signature of an officer or director) (Printed or typed name and title) | |
| (Signature of an officer or director) 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. | |
| Maralla Ta Signature of Registered Agent) 3/2/06 (Signature of Registered Agent) | |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | |
| * * * PET ENIC DIEU. 025 GA + + + | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)