## 5000/29465

(Requestor's Name)  (Address)	30009227
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	03/16/0701010-
(Business Entity Name)  (Document Number)	
Certified Copies Certificates of Status (	Skru
Special Instructions to Filing Officer:	

Office Use Only



8663

--005 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	(Name of Corporation)
<del></del>	(Name of Corporation)
DOCUMENT NUMBE	R:
The enclosed Statement	of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	Name of Contact Person)
	(Name of Contact Person)
	(Firm/Company)
	(Firm/Company)
	No Pay hor
	Vo Box 1255 (Address)
	(1.144.1.665)
	LOXAHATCHEE. FL 33170
	City/State and Zip Code)
For further information of	concerning this matter, please call:
IVA STEIN	Contact Person) at (561) 667 2458  (Area Code & Daytime Telephone N
(Name of	Contact Person) (Area Code & Daytime Telephone N

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

statement of cha	nge is submitted for a	orporation organized under th	or 617.1508, Florida Statutes, this he laws of the State of FURUDA		
in order	r to change us register		r both, in the State of Florida.		
1. The name of t	he corporation:	IVECON CONSTRUCTE	inc		
2. The principal	office address:	2777 SOUTH CONE	ness avenue		
		LAKE NORTH, PL	3346/		
3. The mailing a	ddress (if different):	PO BOX 1255			
	<u>.                                    </u>	LOXA HATCHER PL	33470		
4. Date of incorp	ooration/qualification:	9/21/05 Docum	nent number: <b>Y05000129445</b>		
	street address of the c timent of State:	arrent registered agent and reg	istered office on file with the		
		ELLIOTT ERANKL	IN .		
		2777 SOUTH LONG	cess avenue o		
		AKE WORTH FL	28 7 "" 1" ;		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  STEVE ZIMMERIAN  ZIMMERIAN, ZIMMERIAN MILEU					
PAR ST					
	(P.O. Box NOT acceptable)				
	POMPA	NO BEACH KL 3	33060		
The street addre	ss of its registered off be identical.	ce and the street address of th	e business office of its registered agent,		
Such schange way	Hauthortzed by resolu	ion duly adopted by its board tion has been notified in writ	of directors or by an officer so ing of the change.		
- Janas	e of an officer or directory	IRA MA	HTTHEN STEWBERG, PNES. (Printed or typed name and title)		
I further agree to performance of	o comply with the pro mv duties, and I am fa	istered agent and agree to ac isions of all statutes relative i niliar with and accept the obl ed merely to reflect a change s been notified in writing of t	t in this capacity. to the proper and complete igation of my position as registered in the registered office address, I his change.		
	STEPHEN A. :	IMMERMW	3-14-07		
Sign	nature of Registered Agent)		(Date)		
If signing on bel	nalf of an entity:				
(T)	ped or Printed Name)				

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL/32314

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