## P05000155971

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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04/09/08--01031--002 \*\*35.00



RACharge Tleurs 4-14-08

## **COVER LETTER**

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of FLORIDA ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: Florida Ready Mix, Inc.
2. The principal	al office address: 26400 Sandhill Blvd, Punta Gorda, FL 33983
3. The mailing a	address (if different): 26400 Sandhill Blvd, Punta Gorda, FL 33983
4. Date of incor	rporation/qualification: 11/28/05 Document number: P05000155971
	nd street address of the current registered agent and registered office on file with the artment of State:
	Walter S. Sanders
	16528 North Dale Mabry Hwy
	Tampa, FL 33618
6. The name and (if changed):	16528 North Dale Mabry Hwy  Tampa, FL 33618  Ad street address of the new registered agent (if changed) and /or registered office  Michael V. Jemison
	Michael V. Jemison
	24600 Sandhill Blvd
	(P.O. Box NOT acceptable)
	Punta Gorda, FL 33983
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	MICHAEL V. JEMISON, PRESIDENT (Printed or typed name and title)
I hereby accept I further agree i of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	ignature of Registered Agent) (Date)
(Sig	gnature of Reglatered Agent) (Date)
If signing on be	ehalf of an entity:
(1	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)