

PO5000163747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

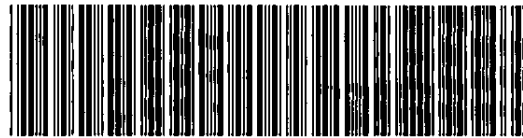
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*R. A. Charge*  
C.COULLETTE

SEP 15 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Haven Construction Co.  
Name of Corporation

**DOCUMENT NUMBER:** P05000163747

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:

Carmen Rivera  
Name of Contact Person

Haven Construction Co.  
Firm/Company

501 Main Street  
Address

Haines City, FL 33844  
City/State and Zip Code

crivera@havenfl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Rivera at ( 321 ) 624-9060  
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

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

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Haven Construction Co.
2. The principal office address: 501 Main Street; Haines City, FL 33844
3. The mailing address (if different): P.O. Box 2010 ; Haines City, FL 33845
4. Date of incorporation/qualification: 12/12/2005 Document number: P05000163747
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Carmen Rivera

135 N. 6TH STREET

Haines City, FL 33844

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carmen Rivera

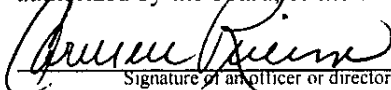
501 Main Street

P.O. Box NOT acceptable

Haines City, FL 33844

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

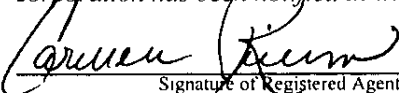
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Carmen Rivera, as President

Printed or typed name and title

*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.*

  
Signature of Registered Agent

9/01/2010

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

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