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ACCOUNT NO. : 072100000032 REFERENCE : 298261 7144592 AUTHORIZATION _ COST LIMIT ORDER DATE: August 8, 2006 ORDER TIME : 11:52 AM ORDER NO. : 298261-005 CUSTOMER NO: 7144592 CHANGE OF AGENT NAME: PITTSBURGH CONTRACTING, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi: ir to change its registered office or register	zed under the laws of the State of Flo	orida	· ———	
, i	the corporation: Pittsburgh Contracting, Inc.		· iuu.		
	office address: 1428 SE 12th Street, Deerf				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: January 12, 2006	Document number: P06000004	805	 1.	
	I street address of the current registered ag trnent of State:	gent and registered office on file with	the		
	Cindy Salomone Croushore				
	1428 SE 12th Street				
	Deerfield Beach, FL 33441		TAL TAL	200	
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered office	URETAR) LAHASSE	2006 AUG -9	Ξ
	Corporation Service Company		E P	PH	FILED
	1201 Hays Street		S FA	$\ddot{\omega}$	
	(P.O. Box NOT acceptable)		IDA A	42	
	Tallahassee, FL 32301				
_	ess of its registered office and the street a be identical. as authorized by resolution duly adopted be board, or-the corporation has been not			agent,	
authorized by th	ne board, or-the corporation has been not	tified in writing of the change.	11001 50		
jlill f	- Claritie	Ronald F. Croushore, Director and Pr			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	(Printed or typed name and title I agree to act in this capacity, ttes relative to the proper and completed to gation of my position as registered to e registered office address, I hereby	,	rmance , if this hat the	25
	Cox. Ri. 1 Asst. Secretary	August 8, 2006			
(Sig	hature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
Kelley Cok					
. (Т	yped d Printed Name)				
	* * * FILING FEI	E: \$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)