106000005263

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

Office Use Only



200098890052

Rochange Newis

05/02/07--01027--008 **35.00

ZOOT HAY -2 PM 12: 30

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Flores Construction Services, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P06000005263			
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:			
Luis F. Flores			
(Name of Contact Person)			
Flores Construction Services, Inc. (Firm/Company)			
6108 White Tip Road (Address)			
Jacksonville, FL 32258 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Luis F. Flores at (904) 527-1401 (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

statement of cha	ange is submitted for a corporation of	1.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.
1. The name of	the corporation: Flores Construction	Services, Inc.
	office address: 6108 White Tip Road	•
3. The mailing a	address (if different): Same as above	е
4. Date of incorp	poration/qualification: 01/10/2006	Document number: P06000005263
	d street address of the current register rtment of State:	red agent and registered office on file with the
	Luis F. Flores	
	2461-3 E. Aragon Blvd, Sun	nrise, FL 33313
6. The name and (if changed):	-	agent (if changed) and /or registered office Sonville, FL 32258 Stable)
	Luis F. Flores	FEST RO
	6108 White Tip Road, Jacks (P.O. Box NOT accept	sonville, FL 32258
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so n notified in writing of the change.
Signah	ire of an office or director)	Luis F. Flores - President (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is hei	the annointment as registered agen	nt and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the
L-	-	04/29/07
	enature of Registered Agent)	(Date)
It signing on be	half of an entity:	
(1	Typed or Printed Name)	

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