P06000054887

| (Requestor's Name) | | |
|---|--|--|
| | | |
| (Address) | | |
| | | |
| (Address) | | |
| (indicate) | | |
| (Ch. (Ch.), (7) - (5) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| (Cooling 1977) | | |
| Codificat Codice | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEF FLOOR

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: B&H | CONCRETE, CORPORA | 1100 | |
|--|---|---|--|
| DOCUMENT NUMBER: P-06000 | 0054887 | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | |
| Please return all correspondence concerning this r | natter to the following: | | |
| | | | |
| (Name of Contact Person) | | | |
| Acounting & Prof. | Gervices INC | | |
| (i iiiii | company, | | |
| 399 F ENTER PRISE E+ | | | |
| , (Control) | | | |
| OCOCC, FC 3476/ (City/ State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| | 1100 117 2813 | | |
| (Name of Contact Person) | at (40.7)6 57 - <u>387.3</u> (Area Code & Daytime Telephone N | umber) | |
| Enclosed is a check for the following amount: | | | |
| \$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status} | Certified Copy Certif (Additional copy is Certifience) (Additional copy is | 0 Filing Fee ficate of Status fied Copy itional Copy aclosed) | |
| 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Ruben Herrera, hereby resign as President (Title) | |
|--|--|
| of B&H CONCRETE, CORPORATION | ······································ |
| P0600054887, a corporation organized under the laws of the State of (Document Number, if known) | of |
| +lorina | |
| | |
| Ruber Heren (Signature of resigning officer/director) (Signature of resigning officer/director) | OS DEC |
| SSEE, FI | 19 PM 17 I |
| STA: | |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314