P0400014494

(Re	(Requestor's Name)					
(Ad	dress)					
(Address)						
(City/State/Zip/Phone #)						
_	_	_				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
,	g					

Office Use Only



100081877171

11/30/06--01013--017 **35.00

O6 NOV 30 PM 12: 13
SECRETARY OF STATE
TALL-AHASSEE FIREBLEA

COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJE	T: D & B Welding Construction Inc. (Name of Corporation)						
DOCU	P06000014494						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please 1	turn all correspondence concerning this matter to the following:	·					
	Mary Dorak (Name of Contact Person)						
	c/o CompuKeeper Inc.						
	(Firm/Company)						
	2298 NW 2nd Ave. Ste 20						
(Address)							
	Boca Raton, FL 33431 (City/State and Zip Code)						
For furt	er information concerning this matter, please call:						
	Mary Dorak at (561) 368-77 (Name of Contact Person) (Area Code & Daytime T	769 elephone Number)					
Enclose	is a \$35.00 check made payable to the Department of State.						
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenTallahassee, FL 323	ter Circle					

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

Pursuant to the provisions of secti statement of change is submitted f	or a corporation organiz	zed under the laws of the Stat	e of Florida
in order to change its reg	istered office or register	red agent, or both, in the Stat	e of Florida.
1. The name of the corporation:	D & B WEL	DING CONSTRUCTIO	N, INC.
2. The principal office address:	305 Country C	lub Drive	
,	Tequesta, FL	33469	
3. The mailing address (if differen	t): <u>c/o CompuKee</u> Ste 20, Boca	per Inc. 2298 N Raton, FL 33431	W 2nd Ave.
4. Date of incorporation/qualificat	ion: <u>11/13/06</u>	Document number:	POUDO INHAID
5. The name and street address of Florida Department of State:			•
	c/o CompuKeep	er	
	2298 NW 2nd A Boca Raton, F		-
	- Bocarata Con, 1		
6. The name and street address of (if changed):	the new registered agent	(if changed) and /or registere	_
	Bambi Mingle		
	c/o CompuKeep 2298 NW 2ND	Ave. Ste 20	いるで
	(P.O. Box NOT acceptable)		NOV 30
	Boca Raton,	FL 33431	
The street address of its registere as changed will be identical.	d office and the street a	ddress of the business office	
Such change was authorized by rauthorized by the board, or the co	esolution duly adopted orporation has been noti	by its board of directors or lified in writing of the chang	by an officer so
x Bandi Mi	usle,	Bambi Mingle	
(Signature of an officer or direct		(Printed or typed nan	ie and title)
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar w document is being filed merely to corporation has been notified in	as registerea agent and provisions of all statut th and accept the oblig reflect a change in the writing of this change.	agree to act in this capacity tes relative to the proper an action of my position as regi registered office address, I	, d complete performance stered agent. Or, if this hereby confirm that the
X Bandi III	ugle		2006
If signing on behalf of an entity:	U	(Sulo)	
Bambi Mingle			
(Typed or Printed Name)			

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