## P07000014702

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORFORATIONS

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## **COVER LETTER**

SUBJECT: All Site Concrete Fre
DOCUMENT NUMBER: PO700014702
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.
Name of Contact Person
Allsire Concerte Inc.
Mail 130 Fern wood Blud. STE# 300012
Fern Park F1 32730 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tem Belle - With 1 1407, 519-0003
Terri Belle - witt   at (407, 519-0003)  Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

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

CR2E045 (03/12)

## 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
11/6:00
1. The name of the corporation: Als: Te Concrede Fine:
2. The principal office address: 214 Hickman Dr.
Santard, F1 32771
3. The mailing address (if different) 130 Ferrusoo Blus P.O. Box 3000 V
Fem Park P1 32730
4. Date of incorporation/qualification: 211 200 Bocument number:
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)
Tem Belle with
130 Fernwood Blud. 8.0. Vox 300012
Fem Par F1 32730-0012
6 The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Terri Belle-Withy/Allsire Consorde Inc
214 Hickeman Dr. PO Box NOT acceptable
PO Box NOT acceptable
Santard, F1 32771
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 othicer or director Printed or type or article 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.
in Belle-cette 12/16
Signature of Registered Agent 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 (03/12)