## P07000026322

| (Requestor's Name)                      |
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C.COULLIETTE

APR 11 2011

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: MCL ENGINEERING & CONSTRUCTION CORP<br>Name of Corporation   |
| DOCUMENT NUMBER: <u>PO700026322</u>   |
| 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:   |
| HIEU T. LE, Ph. D.  Name of Contact Person,  MCL ENGINEERING & CONSTRUCTION COLP  Firm/Company  |
| P. O. Box 1087 Address  |
| ST. PETERSBURG FL 33705  City/State and Zip Code  LE \$\phi 3 \phi 6.15 \text{ C GMAIL . COM}  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| HIEU T. LE, Ph. D. at (813 695-4009)  Name of Contact Person at (813 695-4009)  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2011

HIEU T. LE, PH.D. MCL ENGINEERING & CONSTRUCTION CORP. PO BOX 1087 ST PETERSBURG, FL 33731

SUBJECT: MCL ENGINEERING & CONSTRUCTION CORP.

Ref. Number: P07000026322

We have received your document for MCL ENGINEERING & CONSTRUCTION CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Yes, thank you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 411A00007728

HECEIVED

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

www.sunbiz.org

Division of Compactions D.O. DOV COOR Well-based File 11, 0001

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR COPPORATIONS

|  | ge is submitted for<br>to change its regis   |                               |                             |                                 |                       |                          |   |                   |
|--|--|-------------------------------|-----------------------------|---------------------------------|-----------------------|--------------------------|---|-------------------|
| 1. The name of the   | e corporation:   | MCL                           | ENGIN                       | EERING                          | &                     | CONS                     | RUCTION                                       | CORP.             |
| 2. The principal of  | ffice address: <b>&lt;</b>   | - <del>P.O.</del> _           | BOX                         | 1087                            | ;<br>;                |                          |   |                   |
|  |  | ST. 7                         | ETEAS                       | BURG                            | FL-                   | 3370                     | 5 3373  | 14                |
| 3. The mailing add   | dress (if different):  | c 380                         | 26th                        | AVE S                           | Æ                     | H                        | <del>, L ,</del>                              |                   |
|  |  | ⇒ { ST.                       |                             | RSBURG                          | . FL                  | 337                      | 05  |                   |
| 4. Date of incorpo   | ration/qualification   | n: <u>200</u>                 | Я                           | Documen                         | t number              | r: <u>P</u> 0            | 700002  | 6322              |
| 5. The name and s<br>Florida Departn   | treet address of the<br>nent of State: (If re  | e current regi                | istered agen<br>r resigned) | it and register                 | red office            | e on file v              | vith the                                      |                   |
| / -  | Hum  | a. T. /                       | Nai                         |                                 |                       |                          |   | ٠                 |
| WED / _  | 14AAE  | N. I                          |                             | Mab                             | L.()                  | 540                      | 1   |                   |
|  | 7000   |                               | />                          | - 19                            | <del>-7.</del>        | <u> </u>                 | <del>-</del>                                  |                   |
| ` -  | _ amp  | 1a, F1                        | 330                         | 618                             | •                     |                          | <del></del>                                   |                   |
| 6. The name and s  | treet address of the   | new registe                   | red agent (i                | if changed) a                   | nd /or re             | gistered o               | ffice   |                   |
| (if changed):  | •  |                               |                             | -1                              | . !                   |                          |   |                   |
| _  | HIE  | <u>U T.</u>                   | <u>LE</u>                   | <u>, Ph.</u>                    | <u>D.</u>             | <u></u>                  |   |                   |
|  | -  |                               |                             | •                               |                       | 380                      | 26 th A1                                      | E SE              |
| _  |  | P,C                           | D. Box NOT ac               | ceptable                        |                       |                          |   |                   |
| _  | <u> </u>   |                               | · · · · · · ·               | <u>~-1 .ee</u>                  | <del></del>           | <u> </u>                 | PETERSBU                                      | RG, TLS           |
| The street address as changed will be  | of its registered of identical.  | office and th                 | e street add                | dress of the b                  | ousiness              | office of                | its registered a                              | gent,             |
| Such change was authorized by the  | authorized by resolved board, or the corp  | olution duly                  | adopted by                  | y its board o                   | f directo             | ors or by a              | an officer so                                 |                   |
|  | la. V //a  | <u> </u>                      |                             |                                 | . سفروو               | · •                      | . 15  |                   |
| - Signature o  | of all officer of director   | <del></del>                   |                             | Pr                              | inted or typ          | ed name and              | Title .                                       | <del></del>       |
| I hereby accept th<br>I further agree to   | ne appointment as<br>comply with the n   | registered o                  | igent and a                 | igree to act i<br>s relative to | n this ca             | ipacity.<br>Ser and c    | omplete perfori                               | папсе             |
| of my duties, and document is being  | comply with the p<br>I am familiar with<br>filed merely to re<br>leen notified in wr | i and accept<br>eflect a char | the obliga                  | tion of my pe                   | osition a<br>ice addr | is registe<br>ess. I hei | red agent. Or,<br>reby confirm the            | if this<br>at the |
| corperation has b  | éen notified in wr   | iting of this                 | change.                     | -8                              | ,                     | 1                        | , , <u>, , , , , , , , , , , , , , , , , </u> | Ws.               |
|  | Keylo, le_   |                               |                             | ,                               | 3/1                   | 1 11_                    | 1/P/P   | <b>3</b> \$       |
| Signat   | ure of Registered Agent  |                               |                             |                                 | . I                   | Date                     | -8  | 92                |
| If signing on beha   | If of an entity:   |                               |                             |                                 |                       |                          | *   | 375               |
| and the second s |  |                               |                             |                                 |                       |                          |   | *C>C'             |
|  |  |                               |                             |                                 |                       |                          | <b>,</b>                                      | 370               |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)