P01000031535

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(engletate/ziph hone ny					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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11 JUN 13 PM 4: 00

RAROICHS TO 4/11

COVER LETTER

TO: Amendment Section Division of Corporation	S				
subject: Pa	urrish McCall Co	enstructors, Inc			
	Name of C	Corporation			
DOCUMENT NUMBER:	P07	000037535			
The enclosed Statement of Chan	ge of Registered Offic	ce/Agent and fee are sub	mitted for filing.		
Please return all correspondence	concerning this matte	er to the following:			
		McCall			
	Name of Co	ontact Person			
	Damich McCall	Oamatuustana Ima			
		Constructors, Inc			
	1 1111/2	ompany			
	P.O. Bo	x 142002			
		dress			
Gainesville, FL 32614-2002					
City/State and Zip Code					
	hmccall@parri	sh-mccall.com			
E-mail address: (to be used for future annual report notification)					
For further information concerni	ng this matter, please	call:			
Ed Mye	rs	at (352)	316-8355		
Name of Contact	Person	Area Code & Da	316-8355 Lytime Telephone Number		
Enclosed is a \$35.00 check made	payable to the Depar	tment of State.			
Mailing	Address:	Street Addre	PSS:		
Amend	ment Section	Amendment	Section		
	n of Corporations		Corporations		
	ox 6327	Clifton Buil			
Tallaha	ssee, FL 32314	2661 Execu	tive Center Circle		

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flow nge is submitted for a corporation organized under the laws of the State r to change its registered office or registered agent, or both, in the State	e of Florida
1. The name of t	he corporation: Parrish McCall Constructors, Inc	
	office address: 273 SW Williston Road Gainesville, FL 326	08
3. The mailing a	ddress (if different): P.O. Box 142002 Gainesville, FL 32614	-2002
4. Date of incorp	poration/qualification: 03/23/2007 Document number:	P07000037535
	street address of the current registered agent and registered office on fitment of State: (If resigned, enter resigned)	le with the
	Myron E McCall (resigned)	·· ·
	10664 Quail Ridge Dr	
	Ponte Verda, FL 32081	11 J
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	BIVISION OF CORPORATIONS 11 JUN 13 PM 4: 00 11 JUN 13 PM 4: 00
	Heath McCall	— PH 4
	912 Gallier Place	
	P.O. Box NOT acceptable	
	St. Johns, FL 32259	
The street address changed will	ss of its registered office and the street address of the business office be identical.	of its registered agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change	by an officer so e.
Signatur	Heath S. McCal e of an officer or director Heath S. McCal Printed or typed name	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity o comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I been notified in writing of this change.). d complete performance stered agent. Or, if this hereby confirm that the
Me	@/ 6/10/u	
Sig	nature of Registered Agent Date	
If signing on be	half of an entity:	
	ch s. mccall	
T_2	/ped or Printed Name	

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