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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Intergrated Construction Name of Corporation	tion Management, Inc.
DOCUMENT NUMBER: P07 0000	17327
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
,	
Mame of Contact	Valda
Name of Contact	Person
*	L
Intergrated Constru	ction Monagement, Inc.
i iiii eenipa	,
101 E. Arlington St	treet
Address	
C - 1 1 1 - 1 - 1 - 1 - 1	
Sate 11: te Beach, Fl City/State and Zip	32937
Onyrotate and En	Code
E mail address (4. h 1 F G	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department	of State.
, , , , , , , , , , , , , , , , , , ,	
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
Tandinasco, 1 L 52514	Tallahassee, FL 32301

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Intergrated Construction Management	<u>. Z</u> .
2. The principal office address: 101 East Arlington Street	
Satellite Beach, FL 32937	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4-17-07 Document number: P07000 4732	7
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)	
Geraldo G. Valda	
101 East Arlington Street	
Sate 11: Le Beach, Pl 32437 6. The name and street address of the new registered agent (if changed) and for registered office.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Edward J. Kinberg, Esq.	
1290 W. Ean Gallie Blud. P.O. Box NOT acceptable	
Melbourne, PC 32935	
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.	
G Valda Signature of an officer or director GERALDO VALDA Printed or typed name and tifle	
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.	
3/15/10	
Signature of Refistered Agent If signing on behalf of an entity:	
Edward J- Kinberg Typed or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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