## P08000024476

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PICK-UP	WAIT	MAIL	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: NEW MILL	ENNIUM CONSTRUCT		
	Name of Corporation		
DOCUMENT NUMBER: PO	8000024476		
The enclosed Statement of Chang	e of Registered Office/Agent and fee are submitted for f	îling.	
Please return all correspondence of	concerning this matter to the following:		
RAVEN	EL		
<del></del>	Name of Contact Person		
NEW MII	LENNIUM CONSTRUCTION INC.		
	Firm/Company		
274 AN	DERSON STREET		
	Address		
CREST	VIEW, FLORIDA 32536-9998		
	City/State and Zip Code		
annemarie@	nmcchistorical.com & nmcc911@aol.com	JAL SE	
E-mail addres	ss: (to be used for future annual report notification)	EAST OF T	
		23 E	
For further information concerning	this matter, please call:	P	
Raven	<sub>at</sub> 336 740-973	33 ext 1 5	
Name of Contact P	erson Area Code & Daytime Telep	hone Number	
Enclosed is a \$35.00 check made p	payable to the Department of State.		
_			
Mailing A Amendm	dddress: Street Address: Amendment Section		
Division of Corporations Division of Corporations		ns	
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle		Circle	

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.	
statement of change is submitted for a corporation organized us in order to change its registered office or registered as	
	•
1. The name of the corporation: NEW MILLENNIUM CO	
2. The principal office address: 274 ANDERSON STRE	<u>ET</u>
CRESTVIEW, FLORIDA 32536-9998	
3. The mailing address (if different): 5663 OLD BETHEL	ROAD
CRESTVIEW, FLOR	RIDA 32536-9998
4. Date of incorporation/qualification: 1999	Document number: PO8000024476
5. The name and street address of the current registered agent ar Florida Department of State: (If resigned, enter resigned)	nd registered office on file with the
DIMITRI GIOGLIS	
5663 OLD B ETHEL ROAD	
CRESTVIEW, FLORIDA 32536-99	998
6. The name and street address of the new registered agent (if changed):	nanged) and /or registered office
RAVEN EL	14 SEC TALL
274 ANDERSON STREET	DEC T
P.O. Box NOT acceptab	le \$23
CRESTVIEW, FLORIDA 32536	
The street address of its registered office and the street address as changed will be identical.	் இரி இ <b>த</b> ி
Such change was authorized by resolution duly adopted by its authorized by the board, or the corporation has been notified in	board of directors or by an officer so writing of the change.
Signature of an officer or director	VS.W. S.L. Printed or typed name and title
I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes rel performance of my duties, and I am familiar with and accept to agent. Or, if this document is being filed merely to reflect a ch hereby confirm that the corporation has been notified in writin	to act in this capacity. ative to the proper and complete he obligation of my position as registered nange in the registered office address, I ng of this change.
Signature of Registered Agent	13.14 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)