P08000088476

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	<u> </u>					
(Document Number)						
Certified Copies Certificates of Status						
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RA Change

D. CONTROL APR 0 2 2010.

COVER LETTER

TO: Amendment S Division of Co							
SUBJECT: E.	NAME of Corporation	Inc.					
DOCUMENT NUM	BER: P08000088476						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all corres	spondence concerning this matter to the fo	ollowing:					
_	ROBERT G. WALTE Name of Contact Per	son					
ENGECON CONSTRUCTION INC.							
	Firm/Company						
9872 ROYAL CARBIGAN WAY							
_	Address						
WEST PALM BEACH FL 33411							
City/State and Zip Code							
	engeconconstruction	@ gnail.com					
E-mail address: (to be used for future annual report notification)							
For further informatio	n concerning this matter, please call:						
ROBERT O	G. WAITE at (954 644 - 2086 rea Code & Daytime Telephone Number					
Name	of Contact Person A	rea 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					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\leadsto}$

statement of change is submitted for a c	corporation organiz	ed under the laws	s of the State of	Flor	
in order to change its register. 1. The name of the corporation:		_	_	r iorida.	
2. The principal office address: 2				. 84	515 10
2. The principal office address.	VIA BEACH	FL 37	3112 C	<u> </u>	3/6 /0
3. The mailing address (if different):	1800 Sou	ITH OCE	A BRIVE	# 3	106
	HALLANDA				
4. Date of incorporation/qualification:	09/26/200	Document nu	ımber: Po	800008	18476
5. The name and street address of the ci Florida Department of State: (If resign	gned, enter resigned))		vith the	
Business	FILINGS I.	NCORPOR	ATES	_	
1203 Go	VERNOR'S	SœUARE I	BLUD		
Suite 10	1, TALLI	4 HASSEE	FL 3230	<u>1</u> -2960	us
6. The name and street address of the n (if changed):		_	or registered o	ffice	
ROBERT	G WAITE	<u> </u>			5 E
9872 ROT WEST PALM	AL CARSIGA.	~ WAY			5 Partition
11. 0.	P.O. Box NOT a	cceptable			•
MEST PALM	DEACH F	L 35411			
The street address of its registered off as changed will be identical.				7,497 4302	
Such change was authorized by resolution authorized by the board, or the corporation of t	tion duly adopted la ation has been noti	by its board of di fied in writing o	irectors or by a f the change.	n officer so	I
rignature of an officer or director			d or typed name and		EN7
I hereby accept the appointment as re I further agree to comply with the pro of my duties, and I am familiar with a document is being filed merely to refl corporation has been notified in writi	gistered agent and wisions of all statut nd accept the oblig ect a change in the ng of this change.	agree to act in to es relative to the ation of my posi- registered office	his capacity. e proper and co tion as register address, I her	omplete perj ed agent. (eby confirm	formance Or, if this that the
Schlit		•	3/24/20 Date	10	
Signature of Registered Agent			Date		
If signing on behalf of an entity:					
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 * * *