

PO9000089/56

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

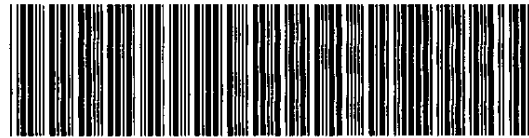
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400184509534

08/30/10--01029--026 \*\*35.00

PA to ch

FILED  
10 AUG 30 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Green Minority Contracting and Roofing, Inc.  
Name of Corporation

DOCUMENT NUMBER: P090000 89156

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:

Michele Andrews  
Name of Contact Person

Green Minority Contracting + Roofing Inc.  
Firm/Company

9039 Quail Creek Dr.  
Address

Tpa FL 33647  
City/State and Zip Code

Coston71@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Andrews at (813) 2674630  
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  
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  
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: Green Minority Contracting + Roofing, Inc.  
2. The principal office address: 8113 Revels Rd Riverview FL 33569  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/28/09 Document number: P09000089156

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) DONALD L Cohagen

8113 Revels Rd  
Riverview FL 33569

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michele Andrews  
9039 Quail Creek Dr.  
P.O. Box NOT acceptable  
Tpa FL 33647

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.

Michele Andrews  
Signature of an officer or director

Michele Andrews President  
Printed or typed name and title

*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.*

Michele Andrews  
Signature of Registered Agent

8.26.10  
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 (8/05)