

P 10000014394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

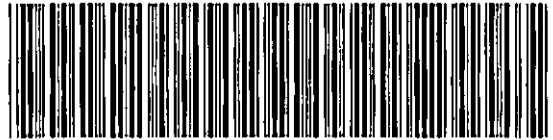
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SO. FLA. CH. OF STATE
TALLAHASSEE, FL

C. GOLDEN

NOV 16 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KAM CONCRETE PUMPING INC.

Name of Corporation

DOCUMENT NUMBER: P10000014394

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:

MICHAEL DAL LAGO

Name of Contact Person

DAL LAGO LAW

Firm/Company

999 VANDERBILT BEACH ROAD SUITE 200

Address

NAPLES, FL 34108

City/State and Zip Code

mike@dallagolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL DAL LAGO

Name of Contact Person

at **(239) 571-6877**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

MICHAEL DAL LAGO
999 VANDERBILT BEACH ROAD
SUITE 200
NAPLES, FL 34108

SUBJECT: KAM CONCRETE PUMPING INC.
Ref. Number: P10000014394

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 918A00022292

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: KAM CONCRETE PUMPING INC.
2. The principal office address: 3914 TOLLHOUSE DRIVE, NAPLES, FL 34114
3. The mailing address (if different): PO BOX 990237, NAPLES, FL 34116

4. Date of incorporation/qualification: 02/16/2010 Document number: P10000014394

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)

GENOVESE, JOBLOVE & BATTISTA /MARK FELUREN

100 SE 2ND STREET, 44TH FLOOR

MIAMI, FL 33131

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

DAL LAGO LAW


999 VANDERBILT BEACH ROAD SUITE 200

P.O. Box NOT acceptable

NAPLES, FL 34108

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.


Signature of an officer or director

RL Martucci
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.


Signature of Registered Agent

10/17/18
Date

If signing on behalf of an entity:

Mike Dal Lago
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)

SECRETARY OF STATE
TALLAHASSEE, FL

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