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COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: BUMPASS anstruction Scruces	
DOCUMENT NUMBER: PILODOD 59PSZ	
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:	
Julia Bumpass Name of Contact Person	
Burpass Construction Scruces	
MOUS Strling Term(C Address	
UCINGTON SNMCS F1. 33705, City/State and Zip Code	

<u>Shumpus DNUMPUSS (MStruction Services</u> Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>63</u>)<u>732-61</u> Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (03/12)

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 \underline{F} \underline{MA} in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BUMPALS Construction Services Inc		
2. The principal office address: 17603 Stc/ 1196 Temace		
Ledination Sylvers, Fr 3370F		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 62912011 Document number: P1100059852		
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)		
Junn Burnass		
8803 Onesterton Place Pill =		
TOG F1. 38635		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Julia Bumpass		
17603 Storling Tenace		
LIAINGTON SOURS FT. 33705		
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.

łπ unpass ed name and title ted or ty

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.

Date

If signing on behalf of an entity:

1 . . . Y

Typed or Printed Name

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