

P14000030924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

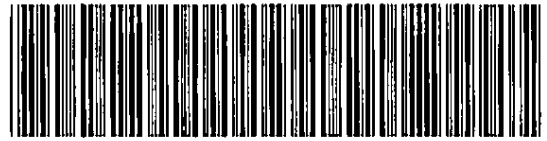
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BREVARD CONCRETE PAVING, INC.
Name of Corporation

DOCUMENT NUMBER: P14000030924

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:

CHELICIA LAWRIMORE

Name of Contact Person

BREVARD CONCRETE PAVING, INC.

Firm/Company

PO BOX 288

Address

CAPE CANAVERAL, FLORIDA 32920

City/State and Zip Code

ADMIN@BREVARDCONCRETEPAVING.COM

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

For further information concerning this matter, please call:

MINDY MIDDLETON

Name of Contact Person

at (321) 543-0607

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: BREVARD CONCRETE PAVING, INC.
2. The principal office address: 321 CORAL DRIVE, CAPE CANAVERAL, FLORIDA 32920

3. The mailing address (if different): PO BOX 288, CAPE CANAVERAL, FLORIDA 32920

4. Date of incorporation/qualification: 04/04/2014 Document number: P14000030924

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)
LAWRIMORE, CHELCIA
460 CIDCO ROAD
COCOA, FLORIDA 32926

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LAWRIMORE, CHELCIA
321 CORAL DRIVE
CAPE CANAVERAL, FLORIDA 32920

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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
JEROD LAWRIMORE, VICE 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.

 Signature of Registered Agent
09/28/2020 Date

If signing on behalf of an entity:
CHELCIA LAWRIMORE
Typed or Printed Name

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