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SECRETARY OF STATE
TALLAHASSEE

11/9/20

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: BREVARD CONCRETE PAVING, IN Name of Corporation	NC.				
DOCUMENT NUMBER: P14000030924					
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
CHELCIA 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@BREVARDCONG	CRETEPAVING.COM				
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter,	please call:				
MINDY MIDDLETON	at (321) 543-0607 Area Code & Daytime Telephone Number				
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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee				
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 6 inge is submitted for a corporation or to change its registered office or	ı organized u	nder the laws of th	e State of <u>F</u> L	ORIE)A	
	the corporation: BREVARD CONC	•	, .	г мане ој на	riaa.		
2. The principal	office address: 321 CORAL DRIVE	E, CAPE CA	NAVERAL, FLORI	DA 32920			
3. The mailing a	address (if different): PO BOX 288	. CAPE CAN	AVERAL, FLORID	A 32920			
4. Date of incorp	poration/qualification: 04/04/2014		Document number	P14000030	924		
5. The name and	I street address of the current regis timent of State: (If resigned, enter	stered agent a					
	LAWRIMORE, CHELCIA					.	
	460 CIDCO ROAD			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	SECR	2020 0	مائده
	COCOA, FLORIDA 32926				ETAR	CT -1	
6. The name and (if changed):	I street address of the new register	ed agent (if c	hanged) and /or reş	ۇ gistered off i و	7.85.51 Y 0F S1	2020 OCT -1 PH 4: 07	
	LAWRIMORE, CHELCIA			r		07	
	321 CORAL DRIVE			-			
		P.O Box NOT a	acceptable				
	CAPE CANAVERAL, FLORIDA	32920					
The street address changed will	ess of its registered office and the be identical.	street addre	ss of the business	office of its	regist	ered a	gent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	ndopted by it been notified	s board of director in writing of the c	s or by an o	fficer	SO	
		JER	OD LAWRIMORE	, VICE PRES	SIDEN	T	
	of all officer or director		• •	d name and title			
1 further agree (of my dutiës, an document is bei	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	all statutes ro the obligation ge in the regi	ee to act in this cap elative to the prope n of my position as stered office addre	oacity. er and comp s registered (ess, I hereby	lete p agent confi	erforn Or, i rm tha	nance if this it the
Grelcia?	Laurinore	09/2	28/2020				
	nature of Registered Agent half of an entity:		Di	ate			
CHELCIA LAW	·						
	yped or Printed Name	-					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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