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COVER LETTER

Amendment Section Division of Corporations

SUBJECT: AllSite Construction Services Fue.

Name of Corporation

DOCUMENT NUMBER: P160001890 A

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:

The plant of Contact Person

AllSite Construction Services The Firm/Company

130 Fern and blad. Box 300002

Address

For Joseph Grand City/State and Zip Code

AllSite Construction

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

For further information concerning this matter, please call:

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

CR2E045 (03/12)

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

	uant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ment 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.		u	
1. Tł	ne name of the corporation: Alsie Construction Secons	ہ'دھے'	<u> </u>	
	ne principal office address: 100 Carl Ton 57			
	Longwood Fl 32750 ne mailing address (if different): 130 ferrore ad blud flor F Ferro Park Fl 32730			•
4. Da	ate of incorporation/qualification:	0189	<u>. 6 }</u>	
5. Th	ne name and street address of the current registered agent and registered office on file with the orida Department of State: (If resigned, enter resigned)			
	Tom Belle With			
	15 to CarltonsT			
	Longwood F1 32750			
	ne name and street address of the new registered agent (if changed) and /or registered office changed):			
	Tem Belle-Witty / Allsite Construct	>m ≤	موزسدهٔ ۱	؎
	214 Hickman Dr. P.O. Box NOT acceptable			
	Sanford Fl 32771			
The as ch	street address of its registered office and the street address of the business office of its registeranged will be identical.	red agent	ι,	
Such auth	change was authorized by resolution duly adopted by its board of directors or by an officer sorized by the board, or the corporation has been notified in writing of the change.	50		
X	Signature of an officer or director Signature of an officer or director Printed or typed name and title	#4		
I her I fur perfe ager here	eby accept the appointment as registered agent and agree to act in this capacity. ther agree to comply with the provisions of all statutes relative to the proper and complete ormance of my duties, and I am familiar with and accept the obligation of my position as regi it. Or, if this document is being filed merely to reflect a change in the registered office addre by confirm that the corporation has been notified in writing of this change.	stered ss, I		
<u>_</u>	Signature of Registered Agent Date	<u> </u>	2016	
lf sig	gning on behalf of an entity:	AHAS!	NOV I	
	Typed or Printed Name	SEE O	-t	
	* * * FILING FEE: \$35.00 * * *			C
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314			

CR2E045 (03/12)