

P16000092220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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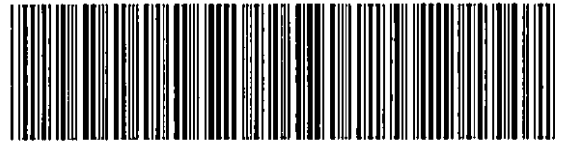
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# COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RMX Contracting Services Inc.  
Name of Corporation

DOCUMENT NUMBER: P16000092220

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:

Lora Knopf

Name of Contact Person

RMX Contracting Services Inc.

Firm/Company

10752 Deerwood Park Blvd. Suite 100

Address

Jacksonville, FL 32256

City/State and Zip Code

info@rmxconstruction.com

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

For further information concerning this matter, please call:

Lora Knopf

Name of Contact Person

at ( 904 ) 503-9612

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

