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(((H240003303153)))



H240003303153ABCV

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE CONTRACTING SPECIALISTS SOUTH EAST HOLDCO, INC.

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COVER LETTER

H24000330315 3

TO: Amendment Section Division of Corporations	•
SUBJECT: Contracting Specialists South East Hole	dco, Inc.
Name of Corporation	
DOCUMENT NUMBER: P22000093979	
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:
Amber Ragland	
Name of Contact Person	
InCorp Services, Inc.	
Firm/Company	
9107 West Russell Road Suite 100	
Address	
Las Vegas, NV 89148-1233	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	atl:
Amber Ragland on behalf of InCorp Services, Inc	800-246-2677
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 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H24000330315 3

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

statement of ch	ange is submitted for a cor	poration organize	507,1508, or 617,1508, FTo d under the laws of the Stat d agent, or both, in the Stat	te ofFL	
			South East Holdco, Inc.	s of America.	
	-		D, POMPANO BEACH.	FL 33064	
3. The mailing	address (if different): 11 R	obert Toner Blvd	Ste 5 PMB# 375, North At	tleboro, MA 02760	
			Document number:		
	d street address of the curr runent of State: (If resigne		t and registered office on f	ile with the	
	JOHNSON, MARK A				
	1933 W. COPANS RO	DAD		202 SE	
	POMPANO BEACH.	FL 33064		2024 SEP SECR	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		doffice 0		
	InCorp Services, Inc.			္ကို သ	
	3458 Lakeshore Drive	:		AE 46	
	P.O. Box. NOT acceptable				
	Tallahassee, FL 3231	2	···		
The street address changed will	ess of its registered office be identical.	and the street add	ress of the business office	of its registered agent,	
Such change wa authorized by the	as authorized by resolutione board, or the corporation	n duly adopted by on has been notifie	its board of directors or bed in writing of the change	y an officer so	
Western C	7 ⁴	ħ	dark A Johnson, Treasu	ırer	
**	ne of an officer or director		Printed or typed name		
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as regis to comply with the provis id I am familiar with and ing filed merely to reflect s been notified in writing	tered agent and agent and agents of all statutes accept the obligate a change in the reaf this change.	gree to act in this capacity relative to the proper and ion of my position as regu gistered office address,) (I complete performance stered agent. Or, if this hereby confirm that the	
	Signatuse of Registered Agent Date		024		
Sig.	nature of Registered Agent		Date		
If signing on bo	half of an entity:				
Louise Breytenba	ch on behalf of InCorp Service	ces. inc.			
T	yped of Frinted Name	•			

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2e045 (04/13)