PAGE 01

Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

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Account Name : CONTRACTOR BUSINESS SERVICES, INC.

Account Number: 119990000053 Phone: (800)571-4777

Fax Number : (727)869-6660

DS JUN 28 PM 3: 10

REGISTERED AGENT CHANGE

HBI CONSTRUCTION MANAGEMENT, INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	CCT: HBI CONSTRUCTION MANAGEMENT, INC. (Name of corporation)				
DOCU	MENT NUMBER: P39639				
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	RHONDA KONING (Name of contact person)				
CONTRACTOR BUSINESS SERVICES, INC. (Firm/Company)					
15409 U.S. HIGHWAY 19 NORTH (Address)					
	•				
HUDSON, FL. 34667					
(City/state and zip code)					
For fur	ther information concerning this matter, please call:				
RHON	OA KONING at (727) 862-8882 (Name of contact person) (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 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 R. Gaines Street Tallahassee, FL 32399				

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

statement of	change is submitted for a corporation organized under the laws of the State of FLO	RIDA		
	order to change its registered office or registered agent, or both, in the State of Floris	da.		
	of the corporation: HBI CONSTRUCTION MANAGEMENT, INC			
	ripal office address: 1027 TREMONT			
	ing address (if different):			
4. Date of in	ncorporation/qualification: 7/15/92 Document number: P39639			
	e and street address of the current registered agent and registered office on file with the epartment of State;	i c 		
	RHONDA E. KONING	ALL	8	
	8301 JOLIET STREET	AHA	N S	1
	HUDSON, FL. 34667	ASSE	28	
6. The name (if change	and street address of the new registered agent (if changed) and /or registered office	er sia e, flor	PH 3: I	ED
	CONTRACTOR BUSINESS SERVICES, INC.	Ş.	0	
	15409 U.S. HIGHWAY 19 NORTH	-		
	(P.O. Box NOT ecceptable)			
	HUDSON, FL. 34667			
The street ac	ddress of its registered office and the street address of the business office of its reg will be identical.	gistered a	gent,	
Such change authorized b	e was authorized by resolution duly adopted by its board of directors or by an offi by the board, or the corporation has been notified in writing of the change.	cer so		
	granuse of an officer or differior) (Printed or typed name and title)			
I hereby according to the second of the seco	tept the appointment as registered agent and agree to act in this capacity, ree to comply with the provisions of all statutes relative to the proper and complet, and I am familiar with and accept the obligation of my position as registered ag being filed merely to reflect a change in the registered office address, I hereby co has been notified in writing of this change.	e perform ent. Or i infirm the	nance if this it the	
Follow	(Signature of Régistered Agents) 06/11/05	·		
, Ifainninn an	(2.2)			
RHON	DA KONING- prus. Contractor Brussiness (Typod or Printed Name)	Sv	Sh	NZ.
	1. Above on control troube)			