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## **COVER LETTER**

то:	TO: Amendment Section Division of Corporations			
SUBJECT: Barber Construction Services, Inc. (Name of Corporation)				
DOCU	JMENT NUMBER: P95000004374			
The en	. closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to	the following:		
	Calvin J. Barber (Name of Contac	et Person)		
Barber Construction Services, Inc. (Firm/Company)				
12627 San Jose Blvd., Suite 605 (Address)				
	Jacksonville, FL 32223			
(City/State and Zip Code)				
For fur	ther information concerning this matter, please call	:		
Karen	A. Barber (Name of Contact Person)	at ( 904 ) 260-0216 (Area Code & Daytime Telephone Number)		
Enclose	ed is a \$35.00 check made payable to the Departme	nt 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		

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this zeed under the laws of the State of Florida red agent, or both, in the State of Florida.	
	the corporation: Barber Construction Serv	·	
	office address: 12627 San Jose Blvd., Sc		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 1/11/95	Document number: P9500004374	
	d street address of the current registered agreement of State:	ent and registered office on file with the	
	Barber Construction Services, Inc.	:. (Agent: Calvin J. Barber) 골유 물	
	12276 San Jose Blvd., Suite 30		
	Jacksonville, FL 32223		
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office  (Agent: Colvin 1 Borber)	
		(Agent: Calvin J. Barber)	
	12627 San Jose Blvd., Suite 605		
	(P.O. Box NOT acceptable)  Jacksonville, FL 32223		
The street addreas changed will	ess of its registered office and the street able identical.	address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted the board, on the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
(Signati	re of an officer or director)	Calvin J. Barber, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporgujon has	the appointment as registered agent and to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
W.4	M.	9/16/08	
•	gnature of Registered Agent)	(Date)	
	chalf of an entity:		
Calvin J. Bart	OPP (Supplementation of Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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