P95000021622

(Requestor's Name)					
(Address)					
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(City (Charles Tim City and a 44)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2000)					
Outlined Outline					
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TRANSMITTAL LETTER

•TO: Amendment Section Division of Corporations
SUBJECT: Bay Breeze Construction, Inc.
DOCUMENT NUMBER: 09500021622
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:
Janet Ral Johns
Bay Breeze Construction Fre. (Name of firm/company)
POBY 9746
PCB, FL 3241M (City/state and kip code)
For further information concerning this matter, please call:
(Name of person) at (S50) SQ-7 083 (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 E. Gaines Street Tailahassee, FL 32399

BAY BREEZE CONSTRUCTION, INC. CONCRETE RESTORATION & COATINGS, EROSION CONTROL

Member of the HUBZone Empowerment Contracting Program LIC. # CG C059956

October 1, 2003

To Whom It May Concern:

The effective date of the change in Officers for the company was effective 2002. Due to oversights on our parts, the forms are now being filed. Please process accordingly. The \$35.00 fee is also enclosed.

Respectfully

Muchael/Jones

Vice-President Field Operations (Former President)

Janet Jones President

PHONE: 850-215-8012* FAX: 850-215-0881

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

^	of sections 607.0502, 617.0502,	~	•	ement of
	rporation organized under the		rida	_in order
to change its registered offic	ce or registered agent, or both,	in the State of Florida.		
1. The name of the corporati	ion: Bay Breeze	Constauctor,	low.	
2. The principal office addre	:ss: 310 W. 59	- Strut	sut B	
	PC FL	32401	er Signer alia nien.	94 - 570 yezh d
3. The mailing address (if di	fferent): PO BK	9746		
	PCBFL	32417		
4. Date of incorporation/qua	dification: 3/16/199	\sum Document number: P'	95000021	22
5. The name and street addre Florida Department of Sta	ess of the current registered age ate:	ent and registered office on i	file with the	
Y	nichael T. J	ones		
10	D GULLVIE	O DR.		
	Dr 5 32	413		de de la commune
	- + 1 · · · · · · · · · · · · · · · · · ·	<u> </u>	Z ≤	· 😞
	ess of the new registered agent	(if changed) and /or register	red office	· · · · · · · · · · · · · · · · · · ·
(if changed):	1 4 2	J	1AS	7
	Janet Kae	lones		ज ।
36	'05 OakbrOOK	Lane		3 四
n	(P.O. Box or personal ma	úlbox NOT acceptable)	<u>\$</u>	<u> </u>
tara	ma City Beach	, Florida 3	12408 Sm	~
The street address of its reschanged will be identical.	gistered office and the street a	ddress of the business offic	e of its registered age	nt, as
Such mange was batherize the board, or day corporation	d by resolution duly adopted on has been notified in writing	by its board of directors or of the change.	by an officer so author	orized by
Market Xm		MICHAEL	T. JONES	PRESIDENT
1/- 7	officer or director)		,	
I hereby accept the appoint I further agree to comply w duties and lam familiar w being filed merely to reflec been hotified in writing of I	tment as registered agent and with the provisions of all statu with and accept the obligation it a change in the registered of this change.	agree to act in this capaci les relative to the proper a of my position as registere fice address, I hereby conj	ty, nd complete performa d agent. Or, ij this do firm that the corporat	nce of my cument is on has
Quet	Jones	18	// /03	
(Signature of R)	egispeed Agent)	C21	ice in 20	<u> </u>
If signing on behalf of an e	ntity:	Office	civil an au	<i>- y</i> -
(Typed or Pri	ated Name)	THE RESERVE THE PROPERTY OF TH	(Capacity)	