

P95000025595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

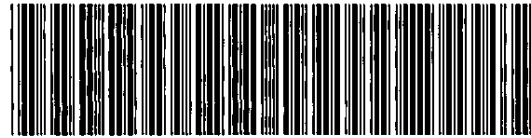
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

08/31/10--01028--013 **35.00

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2010 AUG 31 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

not
9/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUMBIE CONCRETE COMPANY
Name of Corporation

DOCUMENT NUMBER: P95000025595

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:

B.T. CUMBIE

Name of Contact Person

CUMBIE CONCRETE COMPANY

Firm/Company

4871 WOODLANE CIRCLE

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

cumbieconcrete@gmail.com

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

For further information concerning this matter, please call:

B.T. CUMBIE

Name of Contact Person

at (850) 562-3239

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cumbe Concrete Company
2. The principal office address: 4871 Woodlane Circle
Tallahassee, FL 32303
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/30/1995 Document number: P95000025595
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bernice E. Elkins

4871 Woodlane Circle

Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

B.T. CUMBE

4871 Woodlane Circle

P.O. Box NOT acceptable

Tallahassee, FL 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

B.T. Cumbe
Signature of an officer or director

B.T. Cumbe

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

B.T. Cumbe
Signature of Registered Agent

August 27, 2010

Date

If signing on behalf of an entity:

Cumbe Concrete Co - B.T. Cumbe

Typed or Printed 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 (8/05)

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