## \* P95000044911

(Requestor's Name)
•
(Address)
(Address)
( idulos)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12/13/11--01011--004 \*\*35.00



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## **COVER LETTER**

SUBJECT:	North Florida Asphalt, Inc.
	Name of Corporation
DOCUMENT NUMBER:_	P95000044911
The enclosed Statement of Cl	hange of Registered Office/Agent and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
	Angela Harrell Name of Contact Person
•	Name of Contact Person
	North Florida Asphalt, Inc.
**************************************	Firm/Company
	2908 Plant Street
-	Address
	Tallahassee, FL 32304
	City/State and Zip Code
	angie@northfloridaasphalt.com
E-mail a	ddress: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

Angela Harrell
Name of Contact Person

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

850 ) 556-3681 Area Code & Daytime Telephone Number

TO:

Amendment Section

## 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 Florida  Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: North Florida Asphalt, Inc.
2. The principal office address: 2908 Plant Street, Tallahassee, FL 32304
3. The mailing address (if different):
4. Date of incorporation/qualification: June 12, 1995 Document number: P95000044911
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)
Debbie Harrell
7818 Christy Cary Lane
Tallahassee, FL 32304
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Christine Sue Cook, LLC
5089 Highway 90
P.O. Box NOT acceptable
Pace, FL 32571
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 toard or the corporation has been notified in writing of the change.
Signature of an officer or director  Angela Harrell 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 temiliar with and accept the obligation of my position as registered agent. Or, if this document is being sted merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
12/11/2011
Signature of Registered Agent Date
If signing on behalf of an entity:
Christine Sue Cook 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)