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To:

Division of Corporalions, -asaa

From: Account Namo I ADORNO & YOUD, P.A. CA

Account Number: 076247002423 Phone : (954)763-1200 : (954)766-7800 Fax Number

## REGISTERED AGENT CHANGE

PRO BUILT DEVELOPMENT, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$87.50

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of <u>Florida</u> to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: Pro Built Development, Inc.
2. The principal o	ffice address: 12200 N.W. 6th Street, Plantation, FL 33325
3. The mailing ad	dress (if different): N/A
4. Date of incorpo	eration/qualification: 9/24/96 Document number: P96000079112
5. The name and a Florida Departr	street address of the current registered agent and registered office on file with the pent of State:
_	Bronwen Caparella
_	12200 N.W. 6th Street
_	Plantation, FL 33325
6. The name and s (if changed):	arreet address of the new registered agent (if changed) and /or registered office
_	Charles Infinger
_	2184 Imperial Point Drive
	(P.O. Box NOT acceptable)  Fort Lauderdale, FL 33308
-	
The street address as changed will b	s of its registered office and the street address of the business office of its registered agent, be identical.
	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Charle	Charles Infinger, President (Frinted or typed name and title)
I hereby accept to a function of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complete performance of an implifier with and accept the obligation of my position as registered agent. Or, if this a filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
(Sign	anure of Regissered Agent) (Date)
If signing on beh	alf of an entiple:
Charles	ped or Printed Named)

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314