

068507

Examiner's Initials

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CORPORATION NAME(S) & DOC	
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NEW FILINGS	AMENDMENTS SSR 1
Profit	☐ Amendment ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	☐ Change of Registered Agent ☐ 😅
☐ Domestication	Dissolution/Withdrawal
□ Other	■ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Other
Annual Report	Foreign S
Fictitious Name	Limited Partnership
	Reinstatement 00000
	Trademark
	U Other ()C 1

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

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 S	tatutes,
the undersigned corporation organized under the laws of the State ofFLORIDA	
submits the following statement in order to change its registered office or registered agent, or h	ooth, in
the State of Florida.	
1. The name of the corporation is: CENTRAL ORLANDO ASPHALT PATCHING, INC.	
2. The mailing address of the corporation is: 5202 PATCH RD. ORLANDO, FL. 3282	2 -
3. Date of incorporation/qualification: <u>AUG. 6, 1997</u> Document number: P97000068	507
4. The name and address of the current registered agent and office:	
The state of the s	
Joy Phillips	-
2023 GREGORY Rd. Orlando, FL. 32825	:
	22 ~
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	20 F
Jack Phillips II	8 1
1947 GREGORY RD.	2 m
ORLANDO, FL. 32825	ယ္
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	stered
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board.	er so
(Signature of an officer, chairman or vice chairman of the board) (Date)	
	-
(Printed or typed name and title) (Date)	-
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacility 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.	city.
(Signatute of Registered Agent) (Date)	<u> </u>
If signing on behalf of an entity:	=
(Typed or Printed Name) (Capacity)	
CR2E045(3/96)	