P98000017700

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Ro cha

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	endment Section ision of Corporations	
SUBJECT:	IGWT CONSTRUCTION (Name of C	INC orporation)
DOCUME!	NT NUMBER: <u>P98000017700</u>	
The enclose	d Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please retur	n all correspondence concerning this matter	r to the following:
	Rober (Name of Co	t L. Tyler ntact Person)
	(Name of Se	
	IGWT Con	estruction, Inc.
	(Firm/Co	ompany)
	697 North M	iami Ave, Loft 3
•	·	ress)
-	Miami, F	Florida 33136 and Zip Code)
For further	information concerning this matter, please	call:
	LeOndra Tanelus	at (305) 653-3770
	(Name of Contact Person)	at (305) 653-3770 (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Depar	tment 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

TO:

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, thi organized under the laws of the State of <u>Florida</u> registered agent, or both, in the State of Florida.	
1. The name of	the corporation: IGWT CONST	RUCTION,INC.	
2. The principal	office address: 697 North Mian	ni Ave, Loft 3 Miami, FL 33136	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 2/23/1998	Document number: <u>P98000017700</u>	
	d street address of the current register rtment of State: (If resigned, enter re Robert L. Tyler 633 NE 167TH ST.		ندسه د والا
			SECRITICAL
	Miami, FL 33162		NA DEC -4
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	ORPORATIONS
	697 North Miami Avenue		# 35
	Loft 3 (P.O. Box NOT ax	peptable)	
	Miami, FL 33136		•
The street addr as changed wil	ess of its registered office and the l be identical.	street address of the business office of its registere	d agent,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
(Signal	ure of an officer or director)	Robert L. Tyler, President (Printed or typed name and title)	
I further agrée of my duties, a document is be	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept the ing filed merely to reflect a chang s been notified in writing of this ci	ent and agree to act in this capacity. Il statutes relative to the proper and complete perf he obligation of my position as registered agent. C e in the registered office address, I hereby confirm hange.	formance Or, if this that the
	ele	12/1/2008	
	ignature of Registered Agent)	(Date)	
5	ehalf of an entity:		
<u>KOBERT</u>	L /YLER Typed or Printed Name)		

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