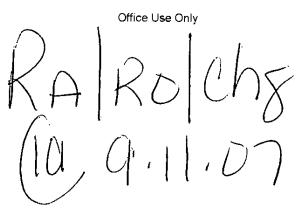
## P98000105291

(Requestor's Name)		
(Address)		
(Address)		
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Ē	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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SECRETARY OF STATE OF

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Molamark Construction Inc. (Name of Corporate	ion)
DOCUMENT NUMBER: P98000105297	
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	
Trouse return an correspondence concerning and matter to the	Tonowing.
Neyza R. Guzmam	
(Name of Contact Po	erson)
Molamark Construction Inc	
(Firm/Company	v)
1115 W Central Blvd (Address)	
(Addiess)	
Orlando, FL 32805	
(City/State and Zip	Code)
For further information concerning this matter, please call:	
•	
Neyza Guzman at ( (Name of Contact Person)	407 872-3400 (Area Code & Daytime Telephone Number)
(Maine of Contact Person)	(Area code & Daytime Telephone (Mainoel)
Enclosed is a \$35.00 check made payable to the Department of	d State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building
rananassee, PL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

. - 5:

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

	on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
1. The name of the corporation: Molamark Cons	struction, Inc.
2. The principal office address: 1115 W Central	Blvd Orlando, FL 32805
3. The mailing address (if different):	
4. Date of incorporation/qualification: Nov-199	Document number: P00098105297
<ol> <li>The name and street address of the current rep Florida Department of State:</li> </ol>	gistered agent and registered office on file with the
All Florida Firm, Inc	
465 S Volusia Ave.	SER 12
Orange City, FL 32763	ىن م
(if changed):	tered agent (if changed) and /or registered office
Lazaro Guzman	
1115 W Central Blvd	T
(P.O. Box NO Orlando, FL 32805	ч ассеряаце)
as changed will be identical.	the street address of the business office of its registered agent, ly adopted by its board of directors or by an officer so is been notified in writing of the change.
authorized by the board, or the corporation ha	is been notified in writing of the change.
(yighature abay officer or director)	Lazaro GuzmanPresident (Printed or typed name and title)
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acce document is being filed merely to reflect a ch corporation has been notified in writing of the	l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.
AAA.	8-28-07
(Rignard of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	<u> </u>
, , ,	LING 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)