

P99 0000 19231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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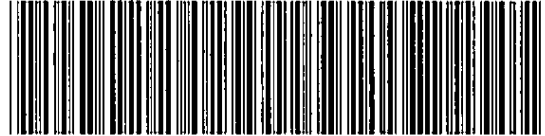
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SHARP GENERAL CONTRACTORS, INC.  
Name of Corporation

DOCUMENT NUMBER: P990 000 19231

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Lindsay  
Name of Contact Person

SHARP GENERAL CONTRACTORS, INC.  
Firm/Company

3545 SW 10th STREET  
Address

POMPANO BEACH FL 33069  
City/State and Zip Code

CLINDSEY@SHARPGC.COM  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Cathy Lindsay at ( 954 ) 984-9080 x301  
Name of Contact Person Area Code & Daytime Telephone Number

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

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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SHARP GENERAL CONTRACTORS, INC.  
2. The principal office address: 3545 SW 10th STREET  
POMPANO BEACH, FL 33069  
3. The mailing address (if different): -

4. Date of incorporation/qualification: 3/01/1999 Document number: P990 000 19231

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)

ARAST, JOHN M  
3553 SW 10th Street  
POMPANO BEACH, FL 33069

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ARAST, JOHN M  
3545 SW 10th STREET  
P.O. Box NOT acceptable  
POMPANO BEACH, FL 33069

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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 board, or the corporation has been notified in writing of the change.

X [Signature]  
Signature of an officer or director

JOHN M ARAST, PRESIDENT  
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 familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X [Signature]  
Signature of Registered Agent

8.14.15  
Date

If signing on behalf of an entity:

X JOHN M ARAST  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE