| (Re | equestor's Name) | | | |
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| (Ci | ty/State/Zip/Phone | #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | usiness Entity Nam | ne) | | |
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APR 2 2 2016 **C** LEWIS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Evans Contracting Services, Inc.

Name of Corporation

DOCUMENT NUMBER:

P99000058803

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:

Nora M. Evans

Name of Contact Person

Evans Contracting Services, Inc.

Firm/Company

320 Foxtail Ave

Address

Middleburg, FL 32068

City/State and Zip Code

jetree1@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora M. Evans

...904

282-0155

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

| statement of cha | provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or register | , , | is |
|--|---|--|-------------|
| | the corporation: Evans Contracting | , | |
| | office address: 320 Foxtail Ave. | | |
| | rg, FL 32068 | | |
| 3. The mailing a | ddress (if different): same | | |
| 4. Date of incorp | Date of incorporation/qualification: June 1999 Document number: P99000058803 | | |
| | d street address of the current registered ag tment of State: (If resigned, enter resigned | | |
| | Nora M. Evans | | |
| | 1830 N University Dr #271 | | ي 🙀 |
| | Plantation, FL 33322 | | SECRET |
| 6. The name and (if changed): | I street address of the new registered agent | t (if changed) and /or registered office | 22 |
| | Nora M. Evans | | AM 10: 58 |
| | 320 Foxtail Ave. | |): 58 |
| | P.O. Box NOT a Middleburg, FL 32068 | acceptable | |
| | | | |
| The street addre as changed will | ess of its registered office and the street as be identical. | ddress of the business office of its registered | d agent, |
| Such change was authorized by the | is authorized by resolution duly adopted le board, or the corporation has been noti | by its board of directors or by an officer so fied in writing of the change. | |
| Nora M. Evans Vice President Signature of an officer or director Printed or typed name and title | | | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered agent and o comply with the provisions of all statut my duties, and I am familiar with and ac is document is being filed merely to reflec that the corporation has been notified in | agree to act in this capacity. les relative to the proper and complete cept the obligation of my position as registe ct a change in the registered office address, writing of this change. | red I |
| Noo J | U.C. | April 18, 2016 | |
| Signing on be | nature of Registered Agent half of an entity: | Date | |
| | ped or Printed Name | | |

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