

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)		(Document #)	-11/05/0101063 *****35.00 *****	-015 :35.00
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CR2E031(7/97)			Examiner's Initials (10)	
			11.7.01	

* 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, the undersigned corporation organized under the laws of the State of _FLORIDA	
submits the following statement in order to change its registered office or registered agent, or both, in	- ~
the State of Florida. 1. The name of the corporation:CONTRACTORS BARRICADES SERVICES, INC.	
	76. 4 7
2. The mailing address of the corporation: P.O. BOX 1829, LAKE CITY, FL 32056-1829	
3. Date of incorporation/qualification: Document number:S06699	Mere
4. The name and address of the current registered agent and office:	
JOHN E. NORRIS	
201 N MARION ST. STE 301	·, ··
LAKE CITY, FL 32055	,
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)	
CHRIS MCRAE	المستحارات المستحارات
1677 MAHAN CTR BLVD	
TALLAHASSEE, FL 32308	
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.	
X Porce Andreas	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
M. DOUGLAS ANDERSON, VICE PRESIDENT	
(Printed or typed name and title)	
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 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.	
(Signature of Registered Agent) (Date)	- · ·
If signing on behalf of an entity:	
CHRIS MCRAE (Typed or Printed Name) (Capacity) (Capacity)	-
The state of the s	- -
* * * FILING FEE: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314