DOCUI	MENT # S61798 construction company	BR)	FILED May 10, 2001 08:00 AM Secretary of State						
Principal Plac		Mailing Address 2420 NE 196 ST							
MIAMI 33180	FL US	MIAMI 33180	US	L					
2. Principal P 15915NW 49TH	lace of Business	3. Mailing Address	<u>.</u>						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	DO NO	OT WRITE IN THIS SPA	.CE	–	
City & State	e FL	City & State		_	4. FEI Number 65-0273584			pplied For at Applicable	
Zip 33014	Country us	Zip	Country		5. Certificate of Status De		.75 Add Require		
	6. Name and Address of Current	Registered Agent			Name and Address of	New Registered Age	nt		1
GAY	RICHARD		Nar GA		HARD				
1121 N.E. 202 STREET					O. Box Number is Not Acc	eptable)			
MIAMI 33179	US	L.	City MLA			FL	Zip Cod	<u> </u>	
8. The above	named entity submits_this statement fo	r the purpose of changing its			agent or both in the Stat		33180		1
SIGNATURE _	Signature, typed or printed name of registered agent	-				- 05/10/20	001	<u> </u>	- Contraction of the Contraction
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent :	signature required wh	nen reinstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!! After MAY 1, 200 Make Check Payab	fee will b	e \$550.00	10. Election Campa Trust Fund Con		\$5.0 Added	0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.	***************************************	ADDITIONS/CHANGES	O OFFICERS AND DI	RECTORS	S IN 11	ł
TITLE NAME STREET ADDRESS	PST GAY, RICHARD ALLEN 1121 NE 202 ST	☐ Delete	TITLE NAME	l "	ICHARD ALLEN		Change	☐ Addition	:034 (11/00)
CITY-ST-ZIP	MIAMI	FL	STREET ADDR		C 196TH STREET	FL 33	180	<i>m</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, JOHN M. 370 MINORCA NE #1 CORAL GABLES	☐ Delete , FL	TITLE NAME STREET ADDR] Change	☐ Addition	CR26
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	RESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP				Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emproor or an attachment with an address,	strue and accurate and that mo owered to execute this report a	iv signatilite st	nali nava tna ca	me legal attact se it mada	rindar anthi that Lam i	an officer	or director	
SIGNAT		RINTED NAME OF SIGNING OFFICER C	R DIRECTOR		PST 05/10/20 Date		ne Phone #		