## V29671

Parsons General Contractors  9730 P Hibiscus Street  Unit C  Palmetto Bay, FL 33157  9757 F. Fuch go S					
. (Address)					
(City/State/Zip/Phone #)					
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

APPROVED AND FILED

R-A-Cherof

C. Coulliste SEP 2 1 2007

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

Pursuant to the provisions of sections 607.0502 statement of change is submitted for a corporat in order to change its registered office	ion organize	d under the laws	of the State of _	Flaida
1. The name of the corporation:	RSONS	General Indisc	Contracti	ORS, INC.
2. The principal office address: 975	1 E	Indise	54	
3. The mailing address (if different): 975	7 E.	Indigo Bay, FL	S4. 3315	7
4. Date of incorporation/qualification: _O 4 /	, ,	, -		_
5. The name and street address of the current re Florida Department of State:	_	_	office on file wi	th the
Anthony J. 7	Parson-	S		_
Anthony J. 7	110th	St		
Miami, FL	. 33	176		O7
6. The name and street address of the new regis (if changed):	tered agent (	(if changed) and a	or registered off	SEP 18 CRETARY LAHASSI
Daved Hame	1	CI.		- FOR PA
	or acceptable			STAT STAT
Palmetto ;	Bay,	FL. 3	3157	IDA F
The street address of its registered office and as changed will be identical.	the street ac	ldress of the bus	iness office of it	is registered agent,
Such change was authorized by resolution du authorized by the board, or the corporation has	ly adopted b	by its board of difficult in writing of	rectors or by an the change.	officer so
(Signature of anothicer or director)				PRESIDENT BILLE
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 th		agree to act in to es relative to the ation of my posi registered office	his capacity. proper and con ion as registere address, I here	nplete performance ed agent. Or, if this by confirm that the
(Signature of Registered Agent)	<u>~</u>	9	//3/07 (Date)	
If signing on behalf of an entity:				
(Typed or Printed Name)				
	TALC DOD			

\* \* \* FILING 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)

APPROVED AND