## 103839

(Requ	estor's Name)			
(Addr	ess)			
(Addr	ess)	·		
(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



800186638098

10/15/10--01003--003 \*\*35.00

10 OCT 15 AH ID: 25

PD 10/8/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: MIKE MURPHY CONSTRUCTION, INC.				
Name of Corporation				
DOCUMENT NUMBER: V63839				
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:				
MIKE MURPHY Name of Contact Person				
Name of Contact Person				
MIKE MURPHY CONSTRUCTION, INC.				
Firm/Company				
3421 MONTEEN COURT				
Address				
Marcos				
ODLANDO EL 22000				
ORLANDO, FL 32806 City/State and Zip Code				
MMURPHY7 @CFL.RR.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MIKE MURPHY at (	925-4819 Paytime Telephone Number			
Name of Contact Person Area Code & D	aytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Add	ress:			
Amendment Section Amendmen				
Division of Corporations Division o P.O. Box 6327 Clifton Bu	f Corporations			
	utive Center Circle			
• • • • • • • • • • • • • • • • • • • •	a EL 32301			

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

statement of ch	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz	ed 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: MIKE MURPHY CONSTRUCTION, INC.					
•	office address: 3421 MONTEEN CO		<del> </del>		
	ddress (if different):				
4. Date of incor	poration/qualification: 9/15/1992	Document number:	V63839		
5. The name and Florida Depa	I street address of the current registered ago tment of State: (If resigned, enter resigned)	ent and registered office on file wit )	h the		
	MICHAEL J. MURPHY		<u>.</u>		
	3421 MONTEEN COURT		SEC SEC		
	ORLANDO, FL 32806		OCT PARTY		
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered offi	ECRETARY OF STATE		
	MICHAEL J. MURPHY		o.		
	2097 WATERSEDGE DRIVE				
	PO. Box NOT	acceptable			
The street addreas changed will	ess of its registered office and the street a be identical.	ddress of the business office of it	s registered agent,		
Such change w authorized by t	as authorized by resolution duly adopted be board, or the oprporation has been noti	by its board of directors or by an fied in writing of the change.	officer so		
pfisker Signatur	e of an other of director	MICHAEL J. MURPH			
I further agree of my duties, ar document is bei	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the bean notified indwriting of this change.	es relative to the proper and com	aplete performance d agent. Or, if this by confirm that the		
whelen	Mysuphy	10/08/2010			
1	half of an entity:	Date			
	·				
T	yped or Printed Name				

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