F030000 3964

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Bay State Corporate Services, Inc. Six Beacon Street, Ste. 510 Boston, MA 02108 (617) 742-8484 Fax: (617) 742-8482

August 25, 2005

Enclosed you will find (1) Corporate Change of Agent filing(s) for FL-SOS Subject name(s): K. BLEVINS CONTRACTING, INC.

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$35.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Suzanne Cryan

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	JECT: K. Blevins Contracting, Inc. (Name of cor	andian\
	(Name of cor	boration)
DOCU	UMENT NUMBER: F03000003964	
The en	enclosed Statement of Change of Registered Office/Ager	t and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	following:
	Topping Toppin	
	Jessica Lappin (Name of pe	rson)
	(Name of pe	13011)
	Bay State Corporate Services (Name of firm/c	omnony)
	(Name of innive	ompany)
	•	
6	6 Beacon Street Ste.510	
	(Addres:	s)
]	Boston, MA 02108	
	(City/state and	zip code)
For fur	urther information concerning this matter, please call:	
Jessic	sica Lappin	(G17) 749-8484
	(Name of person)	at (617) 742-8484 (Area code & daytime telephone number)
	• •	, , , , , , , , , , , , , , , , , , , ,
Enclose	osed is a \$35.00 check made payable to the Department of	of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
	Tallahassee, FL 32314	Tallahassee, FL 32399

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

		02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statemen	
		red under the laws of the State of <u>Georgia</u> in gent, or both, in the State of Florida.	order
to change its reg	nsterea office or registerea ag	eni, or voin, in the state of Pioriaa.	
1. The name of t	he corporation: K. Blevins C	Contracting, Inc.	
2. The principal	office address; 343 Salem G	ate Dr., Se, Ste. 203	
Conyers, GA	A 30013		
3. The mailing a	ddress (if different):		—
4. Date of incorp	poration/qualification: 08/08/0	03 Document number: F03000003964	
	I street address of the current r tment of State:	registered agent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Ro	pad	
	Plantation, FL 33324	*	
6. The name and (if changed):	I street address of the new regi	istered agent (if changed) and /or registered office	پیندرد. ۱ و و و و و و و و و و و و و و و و و و و
	NRAI Services, Inc.	ASSI P	1
	2731 Executive Park Dri	ive, Suite 4	; ` _
	(P.O. Bo	ox or personal mailbox NOT acceptable)	, N
	Weston, FL 33331		
The street addre	ess of its registered office and identical.	d the street address of the business office of its registered agent, a	S
Such change wa	as authorized by resolution do e corporation has been notified	uly adopted by its board of directors or by an officer so authorize ed in writing of the change.	d by
1/2 8	30	Ken Blevins, President	
200.	ignature of an officer or director)	(Printed of typed name and title)	
I further agrēe i duties, and I am being filed mere	to comply with the provisions I familiar with and accept the Ply to reflect a change in the Writing of this change.	ed agent and agree to act in this capacity, so fall statutes relative to the proper and complete performance of all statutes relative to the proper and complete performance of abligation of my position as registered agent. Or, if this docume registered office address, I hereby confirm that the corporation has the corporation of the corporation of the corporation has the corporation of the c	of my ent is ias
by:	(Signature of Registered Agent)		
If signing on be	half of an entity:		
Jessica Lappīn		Asst. Secretary	
	(Typed or Printed Name)	(Capacity)	

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