## F04000006348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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TEAM MAY 24 Zous

## **COVER LETTER**

Division of Cor	porations				
SUBJECT:	CANV			on Pany, INC.	
		(Name of co	poration	1)	
DOCUMENT NUMBI	ER:F	-040000063	48_		
The enclosed Statement	of Change of	Registered Office	'Agent a	nd fee are submitted for filing.	
Please return all corresp	ondence conc	erning this matter	to the fo	llowing:	
		<b>g</b>			
		CHES			
<del></del>		(Name of cont	act pers	on)	
	•	CANY CONS	neucti	ON COMPANY I INC.	
·		(Firm/Co	npany)		
5401 SOUTH KIRKMAN ROAD, SUITE 680					
		(Addr	ess)		
	ORLAND	O / FLORID (City/state and	A 3	32819	
<del></del>		(City/state and	zip coo	de)	
For further information	concerning th	is matter, please ca	ılı:		
CHRIS NE			at (	to7 345 - 9931 rea code & daytime telephone number)	
(Name o	f contact pers	on)	(A	rea code & daytime telephone number)	
Enclosed is a \$35.00 ch	eck made pay	able to the Departn	nent of S	State.	
Mailing Address: Street Address:					
Amendment Section Division of Corporations				Amendment Section Division of Corporations	
P.O. Box 6327 409 E. Gaines Street					
Tallahassee, FL 32314 Tallahassee, FL 32399				Tallahassee, FL 32399	

TO: Amendment Section

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

	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of
	office or registered agent, or both, in the State of Florida.
I. The name of the corporation:	CANY CONSTRUCTION COMPANY, INC.
	1741 VILLAGE CENTER
	LAS VEGAS NV 89134
3. The mailing address (if different):	
4. Date of incorporation/qualification:	1/08/2004 Document number: F04 00000 6348
5. The name and street address of the curr Florida Department of State:	ent registered agent and registered office on file with the
	NEW , CHRIS .
54	OI S. KIRKHAN ROAD, SUITE 310
	ORLANDO FL 32819
6. The name and street address of the new (if changed):	registered agent (if changed) and /or registered office
5401	SOUTH KIRKMAN ROAD, SUITE 680 5
•	Box NOT acceptable)
0240	DO PL 32819
The street address of its registered office as changed will be identical.	and the street address of the business office of its registered agent,
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by its board of directors or by an office so ion has been notified in writing of the change.
(Separation of an officer or director)	Christopher L. New Vice President (Printed or typed name and title)
( <b>)</b>	stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete performance accept the obligation of my position as registered agent. Or, if this a change in the registered office address, I hereby confirm that the of this change.
(Signature of Registered Agent)	May 11,2005
If signing on behalf of an entity:	, , , , , , , , , , , , , , , , , , ,
Christopher L. N	ew_

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE, MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314