

F04000005269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

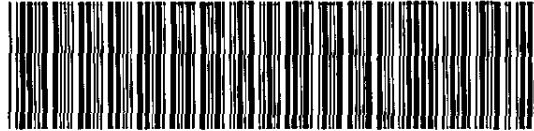
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600055120866

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 JUN 13 AM 11:47

05/31/05--01030--009 **35.00

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6/14



May 27, 2005

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **ACT RESTORATION SERVICES, INC.**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #8746 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

A handwritten signature in black ink, appearing to be the initials "MS" in a stylized, cursive font.

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 2, 2005

MYRA SIMMONS
CAPITOL CORPORATE SERVICES, INC.
P.O. BOX 1831
AUSTIN, TX 78767

SUBJECT: ACT RESTORATION SERVICES, INC.
Ref. Number: F0400005269

We have received your document for ACT RESTORATION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard
Document Specialist

Letter Number: 705A00039127

RECEIVED
05 JUN 13 AM 8:00
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TEXAS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACT RESTORATION SERVICES, INC.
2. The principal office address: 12610 W. Airport #120, Sugarland, TX 77478
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/14/2004 Document number: F04000005269
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kevin Groom
140 Tall Trees Court
Sarasota, FL 34232

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.
1333 North Duval St.
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32303

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

BILL BALKE, CEO/PRESIDENT
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ollan Case
(Signature of Registered Agent)

6-9-05
(Date)

If signing on behalf of an entity:

Deanna Case
(Typed or Printed Name)

Asst. Sec.
(Capacity)

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

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

FILED
SECRETARY OF STATE
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