-- POWWD/158

(Requestor's Name) (Address)	900023740249
Premier Boofing Specialist P.O. Box 2298 Lake City FL 32056	Inc.
(Business Entity Name) (Document Number)	10/16/0301058007 **35.00
Certified Copies Certificates of Status	03 OCT 16 PM 12: 28 ALLANASSEE, FLORIDA
Office Use Only	

PS 10/20/03

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,
the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation: Hemier Koofing Specialists, In
2. The mailing address of the corporation: P.O. Box 2098
101/0 (-1. F) 370 F/2
PARALLE DADO
3. Date of incorporation/qualification: 140, 200 Document number: 1000000 11.58
4. The name and address of the current registered agent and registered office:
Panka Dean K
Bt 9 Box 574 (WAlter Little Rd.)
RT 9 BOX 5/4 (WALTER LITTLE POLY)
late City M 32029
5. The name and address of the new registered agent (if changed) and /or registered office (if changed): (P.O. Box NOT Acceptable)
The second of Acceptable)
TOTES, TICAVAIO
K+ 9 Box 2376
Lake City, Fl. 32024 75 75
The street address of its registered office and the street address of the business office of the 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.
18/10/2 10/04/03
(Signature of an officer, chairman or vice chairman of the board) (Date)
Maribel Flores
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Treaslo fleres 10/04/03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Hicardo Hores tresident (Capacity)
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* * * FILING FEE: \$35.00 * * *