## P0300012556

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Co Change



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: G+6 Quality Home Service, Inc. (Name of corporation)
DOCUMENT NUMBER: PO30000 12556
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:
Cabor Vavad. (Name of person)
G+G Quality Home Service INC
72 Wynnfield Prive
Palm Coast, Florida 32164 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (3R6) 795-7853 (Area code & daytime telephone number)
England in a \$25 MD check made navable to the Department of State

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

	$^{12}$ , 607.1508, or 617.1508, Florida Statutes, this statement of
change is submitted for a corporation organized under th	ne laws of the State of FOYING in order
to change its registered office or registered agent, or both	h, in the State of Florida.
1. The name of the corporation: C+G Qu	ality Home Service INC
2. The principal office address: 72 Wynn	field Orive
Pulm Gast	FL 32164
3. The mailing address (if different):	
4. Date of incorporation/qualification: 127/200	3 Document number: <u>P030000 12556</u>
5. The name and street address of the current registered a Florida Department of State:	gent and registered office on file with the
Gabor Varadi	_
Guy Caraot	52E
_	2 5
6. The name and street address of the new registered ager (if changed):	it (if changed) and /or registered office
Gabor Varadi	
72 Wynnfield Dr.	W. C. mailbox NOT acceptable)
	2104
	·
	address of the business office of its registered agent, as
Such change was authorized by resolution duly adopte the board, or the corporation has been notified in writing	d by its board of directors or by an officer so authorized by ng of the change.
Menature of an officer or director)	Gabor (Printed or typed name and title)
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat duties, and I am familiar with and accept the obligation being filed merely to reflect a change in the registered been notified in writing of this change.	nd agree to act in this capacity, utes relative to the proper and complete performance of my n of my position as registered agent. Or, if this document is office address, I hereby confirm that the corporation hus
× min lui	7/20/04
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Cooper Varadi	Presiden T
(Typed or Printed Name)	(Capacity)

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