# P03000155761

(Requestor's Name)		
(Add	ress)	
(Address)		
(City	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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SECRETARY OF STATE
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#### **ALL FLORIDA FIRM INC**

813 Deltona Blvd, Ste A Deltona, FL 32725 Phone 386-575-1180

5/20/2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

## RE: P03000155761

Please find a check and change of registered agent forms for the following corporations and/or LLC's.

CAD WOODWORKING INC

4239 19<sup>TH</sup> PLACE SW NAPLES FL 34116

Sincerely,

All Florida Firm, Inc.

RECEIVED
2008 JUN -2 AM 8: 00
SECRETARY OF STATE

# 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Cad Woodworking Inc.
- 2. The principal office address: 4239 19TH PLACE SW NAPLES FL 34116
- 3. The mailing address (if different): 4239 19TH PLACE SW NAPLES FL 34116
- 4. Date of incorporation/qualification: 12/22/2003 Document number: P03000155761
- The name and street address of the current registered agent and registered office on file with Florida Department of State:

CARLOS ALVAREZ 4239 19TH PLACE SW NAPLES FL 34116

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

### ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A (Box #1245169) DELTONA, FL 32725

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.

(Printed or

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.

Signature of Registered Agent)

May 8, 2008

If signing on bchalf of an entity:

Jackie Smith (Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 1245169