P04000106991

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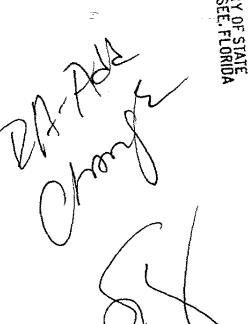
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COVER LETTER

Division of Corporations
SUBJECT: DOCTOR FURNACE INC. T. (Name of Corporation)
DOCUMENT NUMBER: <u>P0400010699</u>
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:
Adeel Karm (Name of Contact Person)
(Name of Contact Person)
Doctor Furnace Inc. (Firm/Company)
807 clear Brook court (Address)
Fruttand Park, Fl 34731 (City/State and Zip Code)
For further information concerning this matter, please call:
Acteel Karlm at (561) 688 - 9434 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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: Doctor Fumace Inc.
2. The principal office address: 807 Clear Brook Court
Frutland Park, FL 34731
3. The mailing address (if different): 807 Clear Brook Court
Fruitand Park, FL 34731
4. Date of incorporation/qualifications: Wy 20,2004 Document number: POHO 0010699
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
1188 Landings Run
Greenocits, FL 33413-3019
6. The name and street address of the new registered agent (if changed) and /or registered office C (if changed): BOT Clear Brook Court Fruitland Park, FL 34731 (P.O Box NOT acceptable)
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. Add Common Common
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. Gigniture of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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