

PO5000057624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

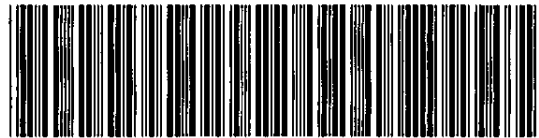
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600109803936

10/01/07--01016--027 **35.00

Blanchard
SL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT - 1 PM 9:16

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BIANI PAINTING INC
(Name of Corporation)

DOCUMENT NUMBER: P05000057124

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:

GLADYS DEL VALLE
(Name of Contact Person)

MBA GROUP PROFESSIONAL CORP
(Firm/Company)

9951 ATLANTIC BLVD SUITE 314
(Address)

JACKSONVILLE, FL 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

GLADYS DEL VALLE at (904) 805-9790
(Name of Contact Person) (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 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: BIANI PAINTING INC
2. The principal office address: 7524 SOUTHSIDE BLVD APT 206
JACKSONVILLE FL 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/15/2005 Document number: P05000057124

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NINO, LUIS F SR
1859 WOODDRIVER DR
JACKSONVILLE FL 32246 US

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

MICHELE C. MATIAS
3680 CEDAR DRIVE
(P.O. Box NOT acceptable)
JACKSONVILLE FL 32207

FILED
07 OCT - 1 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of an officer or director)

GERMAN FRANCO
(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.


(Signature of Registered Agent)

9-27/07
(Date)

If signing on behalf of an entity:

Michele Carla Matias
(Typed or Printed Name)

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