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12/05/05--01050--002 **35.00

FILED
05 DEC 28 AM 10:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Grillin v Chillin inc
(Name of Corporation)

DOCUMENT NUMBER: 605322900279

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:

James Korten
(Name of Contact Person)

Grillin v Chillin inc
(Firm/Company)

2375 10530 Glean Ct
(Address)

Orlando FL 32836
(City/State and Zip Code)

For further information concerning this matter, please call:

James Korten at (407) 748-4810
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2005

JAMES KORTEN
MAJESTIC WINDOW CLEANING
2373 N. CENTRAL AVE., APT A107
KISSIMMEE, FL 34741

SUBJECT: GRILLIN N CHILLIN, INC.
Ref. Number: P05000101660

We have received your document for GRILLIN N CHILLIN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove the (D/B/A) name from the document and list the current registered agent name and address as we have it on file.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 305A00071450

RECEIVED
15 DEC 27 AM 8:00
DIVISION OF CORPORATIONS

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

1. The name of the corporation: Griffin N Chillin inc.
2. The principal office address: 2373 N. Central ave Apt A 107
Kissimmee FL 34741
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 7/20/2005 Document number: P05000101660

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: James E. Korten
10532 Glean ct
Orlando FL 32836

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): James E. Korten
2373 N. Central Ave Apt A107
Kissimmee FL 34741

(P.O. Box NOT acceptable)

FILED
05 DEC 28 AM 10:00
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]
(Signature of an officer or director)

James Korten owner/registered agent
(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]
(Signature of Registered Agent)

12/23/05
(Date)

If signing on behalf of an entity:

James Korten
(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
CR2E045 (8/05)