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(Requestor's Name)	
(Address)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer:	
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COVER LETTER

Division of Corporations
SUBJECT: CIG BALL REMODELING THE (Name of Corporation)
DOCUMENT NUMBER: PO8000062355
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:
(Name of Contact Person)
CHE BATH REMODELING TWC (Firm/Company)
10357 FALCON PARE Blue # 17304 (Address)
ORIANDO (IA. 3283) (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (407) & 376-4817 (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 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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

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: C+G-BA-IH-Remode like, INC.
1. The name of the corporation: C+G-BA+H Remodelike, INC.
2. The principal office address: 103 57 Falcon Pare Blvo #17,-304
ORIANDO FIA 32832
3. The mailing address (if different):
3. The mailing address (if different):
4. Date of incorporation/qualification: Towed?, 2008 Document number: PO6000062355
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MOL CRISAFI
4010 FELDSPAR TRAIL
ORIMANO, FIA. 32826
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TERRINEE P. GOWEN
10357 FALCON PARC Blub #17-304
(P.O. Box NOT acceptable) ORIANDO FIA. 32832
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, of the corporation has been notified in writing of the change.
(Signature of an officer organical) (Signature of an officer organical) (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 morely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified by writing of this change.
(Signature of Registered Agent) Suly 8 700 V (Date)
If signing on behalf of an entity:
TERRINGE T. Cower (Typed or Printed Name)

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