

P98000058598

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000224983 3)))



H080002249833ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : ENGLANDER & FISCHER, P.A.  
Account Number : I20070000052  
Phone : (727) 898-7210  
Fax Number : (727) 898-7218

FILED  
08 SEP 29 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2008 SEP 29 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

FLORIDA RESTORATION SERVICES WEST COAST DIVISION, IN

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

RA C/M  
10/1/08

From: FRCT

B13 872 1818

H08000224983 3

**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: FLORIDA RESTORATION SERVICES WEST COAST DIVISION, INC.

2. The principal office address: 4725 N HESPERIDES ST. TAMPA FL 33614

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/01/1998 Document number: P98000058598

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LYNCH, ANDREW (Resigned)

4725 N HESPERIDES ST

TAMPA FL 33614

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

Leonard S. Englander, Esq.

721 First Avenue North

(P.O. Box NOT acceptable)

St. Petersburg, FL 33701

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 this change.

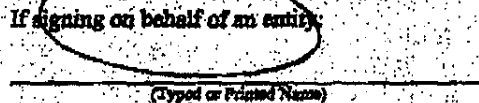
  
(Signature of registered agent)

Andrew Lynch, Director  
(Printed name of registered agent)

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)

9-29-08  
(Date)

If signing on behalf of an entity:  
  
(Typed or Printed Name)

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

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

CR2EM45 (8/05)

FILED  
08 SEP 29 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H08000224983 3