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EAST COAST **PAINTERS** INC.

"Professional Painting Pays"

6427 NW 82 Avenue Miami, Florida 33166 Phone: (305) 592-3298 Fax: (305) 592-0886 CC No. 0001027

" Since 1926"

OCTOBER 5, 2006

AMENDMENT SECTION DIVISION OF CORPORATIONS P. O. BOX # 6327 TALLAHASSEF, FLORIDA 32314

RE: EAST COAST PAINTERS, INC.,

DOCUMENT # @¢@¢@%

ATTENITION: SYLVIA GILBERT

AS PER OUR CONVERSALTION TODAY OCTOBER 5, 2006. I AM ENCLOSING THE OTHER CHECK FOR \$35,00 DOLLARS.

PLEASE PROCESS A.S.A.P.

THANK YOU VERY MUCH.

YOLANDA B. WELLS, PRESIDENT

EAST COAST PAINTERS, INC.,

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

Pursuant to the provi statement of change i						!
	-	stered office or regis				
1. The name of the co	orporation:	EAST COAST	PAINTERS, IN	IC		
2. The principal office address: 6427 N. W. 82nd AVENUE						
		MIAMI, FLO	RIDA 33166		<u>.</u>	
3. The mailing addre	ss (if different):	*				
4. Date of incorporat	ion/qualificatio	on: <u>1962</u>	Document	number: <u>260</u> 0	625	
5. The name and stre Florida Departmen		e current registered	agent and registere	ed office on file w	ith the	
		JULIO LLAGUNO	<u> </u>			
		6427 N. W. 8	2nd AVENUE		SECRE ALLAH	_
	_ .	MIAMI, FLORII	DA 33166		HASS	
The name and stre (if changed):	et address of the	e new registered age	ent (if changed) an	d /or registered of	FEE, FLO	
		WILLIAM J. WI	ELLS			ယ္
		(P.O Box NOT acceptable			_	,
		MIAMI, FLORII				
The street address o	f its registered dentical.			usiness office of	its registered	l agent,
Such change was au authorized by the bo	thorized by respard, or the cor	solution duly adopte poration has been n	ed by its board of notified in writing	directors or by a of the change.	n officer so	
William (Signature of	Mees an officer or director	1	WILLIAM (Pr	D. WELLS SEC	C/TREA.	
I hereby accept the a I further agree to co of my duties, and I a document is being ficorporation has bee	appointment as mply with the property with the p	s registered agent a provisions of all sta h and accept the ob reflect a change in t riting of this chang	nd agree to act in ututes relative to to ligation of my po he registered offic e.	this capacity, he proper and co sition as register ce address, I here	mplete perfo ed agent. Oi eby confirm i	rmance r, if this that the
(Signatur	e of Registered Ager	nt)	[0-[-	(Date)		
If signing on behalf	of an entity:					
(Typed	or Printed Name)			₩·		

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