

F05000002651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

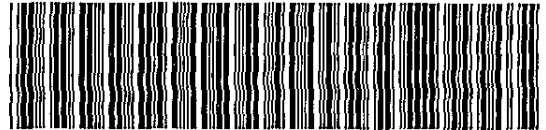
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700056335277

SECRETARY OF STATE
TALLAHASSEE, FL 32399

05 JUL -5 PM 4:08

FILED

07/05/05--01037--002 **35.00

R.A. Charge

G. Coulllette JUL 08 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Slade Drywall, Inc.
(Name of corporation)

DOCUMENT NUMBER: F05000002651

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:

Slade V. Jones
(Name of contact person)

Slade Drywall, Inc.
(Firm/Company)

6200 Due West Road NW
(Address)

Kennesaw, GA 30152
(City/state and zip code)

For further information concerning this matter, please call:

Stacey L. Jones at (770) 919-8155
(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
409 E. Gaines Street
Tallahassee, FL 32399

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

1. The name of the corporation: Slade Drywall, Inc.
2. The principal office address: 6200 Due West Road NW Kennesaw, GA 30152
- _____
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 5/4/05 Document number: F05000002651

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

Slade V. Jones

6487 Silver Glen Drive

Jacksonville, FL 32258

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

Slade V. Jones

8700 Southside Blvd. Apt 113

(P.O. Box NOT acceptable)

Jacksonville, FL 32256

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)

Slade V. Jones, President

(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)

6/30/05

(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