

FO7000002287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

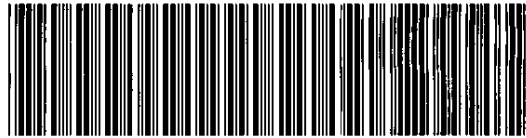
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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change

07/12/11--01010--001 \*\*35.00

2011 JUL 12 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DR  
7/13/11

May 24, 2011

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Building Crafts, inc**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

A handwritten signature in black ink, appearing to read 'Leena Reyes', with a stylized flourish at the end.

Leena Reyes  
REGISTERED AGENT SOLUTIONS, INC.

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

1. The name of the corporation: BUILDING CRAFTS, INC.

2. The principal office address: 2 ROSEWOOD DRIVE WILDER KY 41076

3. The mailing address (if different): PO BOX 286 HIGHLAND HEIGHTS FL 41076

4. Date of incorporation/qualification: 04/27/2007 Document number: F07000002287

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)

CT CORPORATION SYSTEM

1200 S. PINE ISLAND RD

PLANTATION FL 33324 US

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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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 of an officer or director

John Zalla- 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

7/8/11  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Art Flores, Assistant Secretary  
\_\_\_\_\_  
Typed or Printed Name

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