

FB 7000002820

Registered Agent Solutions, Inc.
(Requestor's Name)

155 Office Plaza Dr (suite A)
(Address)

Tall, FL 32301
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

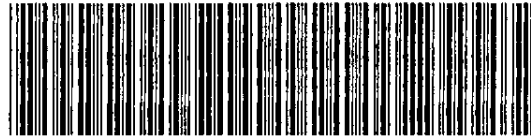
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200197659062

03/15/11--01019--028 **35.00

FILED
2011 MAR 15 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
Chang
3/17/11

VIA US MAIL

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

Re: CAPITAL CITY STUCCO, 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 "Ryan Ermis". The signature is stylized with a large initial "R" and a long, sweeping underline.

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

1. The name of the corporation: CAPITAL CITY STUCCO, INC.

2. The principal office address: 1360 UNION HILL RD., #5A
ALPHARETTA GA 30004

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/29/2007 Document number: F07000002820

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)

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

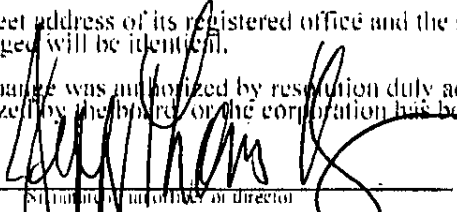
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENT SOLUTIONS, INC.
155 Office Plaza Dr. Suite A
P.O. Box NOT acceptable
Tallahassee, FL 32301

2011 MAR 15 PM 4:22
SECRETARY OF STATE
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 authorized officer or director Jeffrey Harper - President
Printed or typed name and title

I hereby accept my 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.

 Sean Prewitt, Asst. Sec. 3/10/2011
Signature of Registered Agent Date

If signing on behalf of an entity:

Sean Prewitt, Asst. Secretary
Typed or Printed Name

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