

FD9000001579

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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@ 4.14.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restoration Systems, Inc
Name of Corporation

DOCUMENT NUMBER: F09000001579

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:

Darral Simmons
Name of Contact Person

Restoration Systems, Inc.
Firm/Company

Address

City/State and Zip Code

Darral.rsi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darral Simmons at (901) 854 3402
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Restoration Systems, Inc.
2. The principal office address: 153 N. Main St. Suite 104
Collierville, TN 38017
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4.17.09 Document number: F09000001579

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)

Corporation Service Company
1201 Hays St.
Tallahassee, FL 32301-2525

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

Darral Simmons
14455 Perdido Key Drive unit 1102
P.O. Box NOT acceptable
Pensacola, FL 32507

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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.

Carol Lemm
Signature of an officer or director

Darral Simmons 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.

Carol
Signature of Registered Agent

7/11/2014
Date

If signing on behalf of an entity:

Darral Simmons
Typed or Printed Name

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