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SECRETARY OF STATE,
TALLAHASSEE, FLORIES,

R.A. Change

T BROWN MAY 2 7 2004

, · TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Wiregross Home Builder Jne. (Name of corporation)
DOCUMENT NUMBER: 75000000084
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:
JAMES R. GUERINO (Name of person)
Name of firm/dompany)
(Name of firm/dompany)
2858 REMINGTON Green Cir. (Address)
City/state and zip code)
For further information concerning this matter, please call:
THMES R. GUERINO at (850) 933-0434 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

CR2E045(09/03)

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

•	•	02, 607.1308, or 617.1308, Florida Statutes, this states	
change is submitted	l for a corporation organized under	the laws of the State of	in order
to change its registe	ered office or registered agent, or bo	oth, in the State of Florida.	
1. The name of the 2. The principal off	ice address: 13/2 Sci	sux Street	
		6303	
3. The mailing addr	ess (if different): P.S. A	•	
<i>D</i>		302	
4. Date of incorpora	ation/qualification: $1/05/95$	Document number: F950000	00084
5. The name and str Florida Departme	•	agent and registered office on file with the	
,	JAMES R. G	UERINO	
	5409 ASI	htow Ct.	
	tallahass	ee F1. 32317 gg.	E 17
6. The name and str (if changed):		ent (if changed) and /or registered office	THE STATE OF THE S
	JAMES R.		% (i)
- 	(P.O. Box or personal	mington GREEN Cir.	
	tallchange	K1. 32308	Ŋ
The street address changed will be id-	of its registered office and the stree	et address of the business office of its registered agent	i, as
Such change was a	uthorized by resolution duly adoptorporation has been notified in write	led by its board of directors or by an officer so authoring of the change.	ized by
Thomas	Fleonard	thomas F. LEON AT	<u>ed</u>
duties, and Lam ta	miliar with and accept the obligati	and agree to act in this capacity. atutes relative to the proper and complete performant ion of my position as registered agent. Or, if this doc d office address, I hereby confirm that the corporatio	ument is
Lam	a Robellino	5/14/04	
(Sig	nature of Registered Agent)	(Date)	
If signing on behal	f of an entity:		
(T	yped or Printed Name)	(Capacity)	

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