

ACCOUNT NO. : 07210000032

REFERENCE : 968948

7133334

AUTHORIZATION <:

ORDER DATE: January 18, 2001

ORDER TIME : 10:51 AM

ORDER NO. : 968948-005

CUSTOMER NO: 7133334

CUSTOMER: Jane Zdunek, Cpa

P R Painting Company 1 4910 Lynn Burke Road

Monrovia, MD 21770

CHANGE OF AGENT

100003555351--9

NAME: P R PAINTING COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

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

	e provisions of sections 6		•	3, Florida Statutes,	
•	d corporation organized un lowing statement in order	-	-	d agent or both in	
the State of Flo	-	to change its registers	ea Office of registered	t agent, or both, th	
-	f the corporation is: PRE	AINTING COMPANY			
	_				
2. The mailing	address of the corporation	is: PO Box 130, Mo	nrovia, MD. 21770		
3. Date of inco	rporation/qualification: ೨೮	ine 30, 1997	Document number:	F97000003406	~
4. The name ar	nd address of the current re	gistered agent and offi	ce:		
	Smith Thompson & Shaw	PA		ىنى <u>.</u>	
	3520 Thomasville Rd. 4	th Floor	<u> </u>	2 S S	
	Tallahassee, FL. 32308		-	AHA MA	-11
5. The name ar	nd address of the new regis	tered agent and office:	(P. O. Box Not Accept	ptable)	
	Corporation Service Co	mpany			
	1201 Hays Street			SS &	
	Tallahassee, Florida	32301		東西	
agent, as chang	ess of its registered office ed, will be identical.				
Such charge wanthorized by the	es authorized by resolutions beard.	n duly adopted by its	board of directors or	by an officer so	
a Olu 1	Jaw 1		Jan	16, 200 Date)	
(Signator	e of an officer chairman or vice cl	nairman of the board)	(L	Date)	
John ((Printed or typed name and	ce Prosiden	<u>'</u>		
Having been na corporation, I h I further agree performance of registered agen	tmed as registered agent an hereby accept the appointm to comply with the provision my duties, and I am familion t.	nd to accept service of ent as registered agen ns of all statutes relati ar with and accept the	process for the above t and agree to act in ti ve to the proper and c obligation of my posi	stated his capacity. complete tion as	
BV: Caro	ell Com-	-	1-1.	8-01	
<u> </u>	(Signature of Registered Agent)		(Date)		
If signing on behalf	of an entity:				
Carol K	. Dolor, Asst. VP (Typed or Printed Name)	- · · · · ·	(Capacity)		
	,	FILING FEE: \$35.00			

CR2EO45(7/97)