# F9900005799

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(Cit	ty/State/Zip/Phone	e #)
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TALLAHASSEE, FLORIDA

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### SEMANOFF, ORMSBY, GREENBERG & TORCHIA, LLC

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April 22, 2005

AMENDMENT SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

Wetherill Rebuilders Supply, Inc. Document No. F99000005799

Dear Sir or Madam:

Enclosed on behalf of the above-named company please find an original and one copy of a Statement of Change of Registered Agent and Office, along with our firm's check in the amount of \$35.00 payable to the Florida Department of State.

Please file the original, and return the enclosed copy as acknowledgment of filing using the enclosed postage prepaid envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Susan V. Ricci

Paralegal

#### **Enclosures**

۸.

Jeffery W. Sween (without enclosure)

Peter J. Smith, Esquire (without enclosure)

## **COVER LETTER**

	dment Section ion of Corporations			
SUBJECT:_	Wetherill Rebuilders Suppl	y, Inc.		
	(Name	or corporation)		
DOCUMENT	NUMBER: F99000005799			
The enclosed	Statement of Change of Registered O	ffice/Agent and fee a	re submitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:	:	
	•	J		
	Susan Ricci			
	(Name of	contact person)		
	Semanoff, Ormsby, Green	berg & Torchia	, LLC	
		/Company)		
	610 Old York Road, S	uite 200		
	( <i>I</i>	Address)		
	Jenkintown, PA 19046			
	(City/stat	te and zip code)		
For further inf	formation concerning this matter, plea	se call:		
Sugar	n Ricci	215	. 887-0200, ext. 101	
	(Name of contact person)	Area code	887-0200, ext. 101 & daytime telephone number)	-
Enclosed is a	\$35.00 check made payable to the De	partment of State.		
	Mailing Address:	Street	Address:	
	Amendment Section Division of Corporations	Amend Divisio	lment Section on of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	409 E.	Gaines Street ussee, FL 32399	
	1 ananassee, 1 L 34314	i arrans	13000, I'D 32377	

TO:

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

	r to change its re	egistered office o	r registered a	gent, or	both, in t	the State of .	Florida.	
The name of	the corporation:_	Wetherill	Rebuilder	s Sup	ply, In	с		
The principal	office address:_	1101 Enter	prise Dri	ve, R	oyersfo	rd, PA 1	.9468	
The mailing a	ddress (if differe	nt):						
Date of incor	poration/qualifica	ation: <u>11/9/1</u>	.999	Docum	ent numb	er: <u>F</u> 9900	0005799	
	l street address o	f the current regi	istered agent a	nd regi	stered offi	ce on file w	ithing G	. 4
Florida Depa	tment of State:						Con the	r l
	Rick King	· · · · · · · · · · · · · · · · · · ·					_ FF 2	<b>3</b> ,
	4210 LB M	CLeod Road,	Suite 11	3		<u></u> -	- Sex .	PR
	Orlando,	FL 32811					OSAPR 23 OSAPR	ن
The name and (if changed):	I street address o	_	red agent (if o	hanged	) and /or 1	egistered of	flice J	بمخ
	Edwin F. E	lanton		_			_	
	825 Thomas	sville Road	_					
		(P.O. Box NOT	acceptable)	_		••	_	
	Tallahasse	ee, FL 32303	3	_			_	
he street addr changed wil	ess of its register be identical.	red office and th	ne street addre	ess of th	ne busines	ss office of	its registered ag	ent,
uch change wathorized by t	as authorized by he board, or the	resolution duly corporation has	adopted by i been notified	ts board I in wri	d of directing of the	tors or by a change.	n officer so	
Mary W	ure of an officer or dir	ector)		Jeffer		ween, Pr		
1			agent and am	ree to a	at in this			
further agree my duties, as ocument is be orporation ha	the appointment to comply with the filed am familiant in grand merely the filed merely to been notified in	he provisions of with and accept to reflect a char n writing of this	f all statutes to t the obligation the reg change.	elative on of my istered	to the pro y position office add	oper and co as register dress, I her	omplete perform ed agent. Or, ij eby confirm that	ance f this t the
	774	<i>&gt;</i> >>		4	5 05			
(S	gnature of Registered	Agent)				(Date)		
signing on b	ehalf of an entity	<i>t</i> :						

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