682724

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(5554)/6/10/10/10/10
Certified Copies Certificates of Status
Octation of Owner
Special Instructions to Filing Officer:

Office Use Only



800054503018

06/27/05--01032--012 **35.00

FILED

05 JUN 27 PN 4: 40

SECRETARY OF STATE
TALL AHASSEE FLORING



T. Smith JUN 29 2005

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Allied Home Improvement, Toc. (Name of corporation)
DOCUMENT NUMBER: 682724
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:
(Name of contact person)
CIDA VOLA PA (Firm/Company)
2924 DAVIE Road, Ste. 200
(City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (954) 463-2766 (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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1500 statement of change is submitted for a corporation organized under in order to change its registered office or registered agent,	the laws of the State of Florida
1. The name of the corporation: The hame	Improvement Inc.
2. The principal office address: (alla (1) CAKIADO	PK. Blod.
Ft. Louderdale, FL 33311	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1-31-84 Doct	iment number: 682784
5. The name and street address of the current registered agent and re Florida Department of State:	gistered office on file with the
LAW OFFICE CINDY S. VOVA, P 101 SOUTHEAST 10th S FORT LAUDERDALE, FL	TREET
6. The name and street address of the new registered agent (if changed):	
LAW OFFICE CINDY S. VOVA, P. 2924 DAVIE ROAD, SUIT FORT LAUDERDALE, FL S	A. E 200
The street address of its registered office and the street address of as changed will be identical.	the business office of its registered agent,
Such change was authorized by resolution duly adopted by its bo authorized by the board, or the corporation has been notified in w	ard of directors or by an officer so virting of the change.
Signature de ap of licer or directors	William Feinberg. (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relation of my duties, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the registere corporation has been notified in writing of this change. (Signature of Registered Agent)	e act in this capacity. eve to the proper and complete performance my position as registered agent. Or, if this ed office address, I hereby confirm that the (Date)
If signing on behalf of an entity: (Typed or Printed Name)	en e

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