M6403

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	·	
Special Instructions to	Filing Officer:	
		o o status

Office Use Only



900101058819

05/03/07--01048--024 **35.00

HILED

7 MAY -3 PM 4: 0!

SECRETARY OF STATE
ALLAHASSEE, FLORID.

PA Chs.

COVER LETTER

TO: Amendment Division of	nt Section f Corporations	· ·
SUBJECT: Stai	nsafe Inc (Name of Cor	poration)
DOCUMENT NU	мвек: М16403	
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
	rrespondence concerning this matter to	
	Urania Madrigal	
	(Name of Conta	act Person)
<u>-</u>	Stainsafe Inc (Firm/Com	apany)
<u>3</u>	54 Hiatt Drive (Addre	ss)
<u>E</u>	Palm Beach Gardens, Fl 3341 (City/State and	
For further informa	tion concerning this matter, please cal	1:
Urania Madriga (Na	me of Contact Person)	at (561) 622-4260 x196 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	0 check made payable to the Departm	ent 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

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

statement of cha	he provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of	of the corporation: Stainsafe Inc.	
2. The principal	al office address: 354 Hiatt Drive Palm Beach Gardens, FI 33418	
3. The mailing a	g address (if different):	
4. Date of incor	orporation/qualification: 06/07/1985 Document number: M16403	
	and street address of the current registered agent and registered office on file with the partment of State:	
	Steve Ellison, Esq	
	One North Clematis Street, Suite 500	
	West Palm Beach, Fl 33401	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office (if change	-1-1
	Robert S. Franklin, Esq.	=
	823 North Olive Avenue	Ē
	(F.O. BOX NOT acceptable)	0
	West Palm Beach, FI 33401	
The street address changed will	dress of its registered office and the street address of the business office of its registered ago	ent,
Such change wanthorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signer	Douglas K. Wright, DS, COO (Printed or typed name and title)	-
I hereby accept I further agree of my duties, an document is bet corporation ha.	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if seing filed merely to reflect a change in the registered office address, I hereby confirm that was been notified in writing of this change.	ince this the
- Kale	Signature of Registered Agent) May 2, 2007 (Date)	_
	behalf of an entity:	
	(Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)