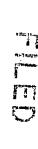
(Re	questor's Name)				
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COVER LETTER

TO:	Amendment S Division of Co	ection rporations		
SUBJ	ЕСТ:	Polyester Custom	Fabricators, Inc	_
DOC	UMENT NUME	ER:	M80955	
The e	nclosed Statemer	t of Change of Registered Off	ice/Agent and fee are submitted for	filing.
Please	e return all corres	pondence concerning this mat	ter to the following:	_
	-		Robertson Contact Person	<u>-</u>
	_		om Fabricators, Inc	
		1 11110	Company	
		737 Liv	ve Oak St	
			ldress	_
	_	Freepor City/State	t, FI 32439 and Zip Code	_
		robinrobertson1	955@yahoo.com	
	E-1	nail address: (to be used for	future annual report notification	<u>n)</u>
For fu	erther information	concerning this matter, please	e call:	
		in Robertson		74-2339
	Name o	f Contact Person	Area Code & Daytime Tel	ephone Number
Enclo	sed is a \$35.00 cl	neck made payable to the Depa	artment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of \overline{Flo} ar to change its registered office or registered agent, or both, in the State of Flor	orida
1. The name of	the corporation: Polyester Custom Fabricators, Inc office address: 737 Live Oak St, Freeport, FI 32439	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: May 11, 1988 Document number:	M80955
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the
·.	George Robertson	
	737 Live Oak St	1 2
	Freeport, FI 32439	2010 JUL SECRETA
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SSEI SSEI
	Robin Robertson	PHIZ:
	737 Live Oak St P.O. Box NOT acceptable	8
	Freeport, FI 32439	
The street address changed will	ess of its registered office and the street address of the business office of its r	egistered agent,
•	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
- Kobic	ROBIN ROBERTS Te of an officer or director ROBIN ROBERTS Printed or typed name and title	
Kobin	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered on fine filed merely to reflect a change in the registered office address, I hereby speed notified in writing of this change. Date Da	ete performance igent. Or, if this confirm that the
If signing on be	chalf of an entity:	
	vned or Printed Name	

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