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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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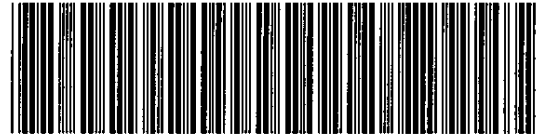
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA chs.  
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**ALL DECKS UNLIMITED INC.**

4902 SW 27TH PL.  
CAPE CORAL, FL  
33914

239-542-5504  
239-940-5526  
FAX#239-541-1445

07/04/2007

Attention: Karon Beyer

Dear Karon,

I did not give ALL FLORIDA FIRM INC. permission to be my Registered Agent. They were only suppose to file Workers Compensation Exemption Papers for me. They did charge me an extra 150.00 for this. Which I contacted my Credit Card Company and they have given me a credit. I have been trying to contact them for 2 weeks I have made 10 phone calls [ which is not toll free] to them to try and clear this up. I do talk to different people but they all say the same thing that a man name David is suppose to listen to a tape and call me back, but he never does and he is either not in the office or in a meeting. Never in my initial conversation with them was talk of my corporation papers or an extra charge, they were only to deal with Workers Compensation Exemption renewal papers. Please fix this for me as soon as possible.

Thank You ,  
Linda Lynch

Sec. / Tres.



Doc. # m97751

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL DECKS UNLIMITED INC.

(Name of Corporation)

**DOCUMENT NUMBER:** M97751

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:

LINDA LYNCH

(Name of Contact Person)

ALL DECKS UNLIMITED INC.

(Firm/Company)

4902 SW 27TH PL

(Address)

CAPE CORAL, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA LYNCH

(Name of Contact Person)

at ( 239 ) 542-5504

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALL DECKS UNLIMITED INC.

2. The principal office address: 4902 SW 27TH PL.  
CAPE CORAL, FL 33914

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/02/1988 Document number: M97751

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALL FLORIDA FIRM INC.  
465 S. VOLUSIA AVE SUITE C  
ORANGE CITY, FL 32763

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BRIAN R LYNCH  
4902 SW 27TH PL  
(P.O. Box NOT acceptable)  
CAPE CORAL, FL 33914

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

LINDA LYNCH- SEC.TRES.  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

07/31/2007  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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