## P0000039611

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| SIMPSON, HENDERSON,                     |  |  |  |  |  |
| —— Carta & Randolph ——                  |  |  |  |  |  |
| Attornogs at Law                        |  |  |  |  |  |
| Attorneys at Law 1619 Jackson Street    |  |  |  |  |  |
| FOST OFFICE BOX 1906                    |  |  |  |  |  |
| FORT MYERS, FLORIDA 33902               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

|                                   | provisions of sections 607.0   | •   | •                                    | Florida Statutes, the                 |
|-----------------------------------|--|---|--------------------------------------|---------------------------------------|
| •                                 | rporation organized under th<br>lowing statement in order to d   | <u> </u>  |                                      | agent or both in the                  |
| State of Florida                  | v  | mange us registerea ojj                             | ice or registered                    | ageni, or boin, in the                |
|                                   | the corporation is: A_AFF  | ordable Paint & Co                                  | atings Corpor                        | ation                                 |
|                                   |  |   |                                      | <del></del>                           |
| 2. The mailing                    | address of the corporation is:   | 1015 Dolphin Dri                                    | ve, Cape Cora                        | 1, FL 33904                           |
| 3. Date of inco                   | rporation/qualification: 4/  | 20/00 Doo   | cument number:                       | P000000 39611                         |
| 4. The name an                    | d address of the current regis   | tered agent and office:                             |                                      |                                       |
|                                   | Spiegel & Utrera, P  | .A.   | . 4                                  |                                       |
|                                   | 343 Almeria Avenue   |   |                                      | TAL                                   |
|                                   |  |   |                                      | LAH<br>LAH                            |
| 5. The name an                    | Coral Gables, FL 33<br>d address of the new register   | ed agent and office: (P.                            | O. Box Not Acc                       | eptable                               |
|                                   | Michael D. Randolph,   |   |                                      |                                       |
|                                   | 1619 Jackson Street  |   |                                      |                                       |
|                                   | Ft. Myers. FL 33901  |   | - <u>·</u> -··                       | 57<br>8/15,                           |
| agent, as chang                   | ress of its registered office a<br>ged, will be identical.   | and the street address o                            | f the business of                    | -                                     |
| Such change vauthorized by        | vas authorized by resolution the board.  | duly adopted by its bo                              | oard of directors                    | or by an officer so                   |
| Mut                               | 5 D. W   |   |                                      | 11/-26/00                             |
| (Signature                        | e of an officer, chairman or vice cha  | irman of the board)                                 |                                      | (Date)                                |
| Christophe                        | r S. Blood, Director<br>(Printed or typed name and t   | itle)   | <del></del>                          |                                       |
| corporation, l<br>I further agree | amed as registered agent at<br>hereby accept the appointm<br>to comply with the provision<br>fray duties, and I am famili<br>ht. | ent as registered agen<br>ons of all statutes relat | t and agree to a<br>ive to the prope | ct in this capacity.<br>cand complete |
|                                   | MI   |   | 12/16/03                             |                                       |
|                                   | Signature of Registered Agent)   |   | (Date)                               |                                       |
| If signing on beh                 | <u>-</u>   |   | President                            |                                       |
| Michael D.                        | (Typed or Printed Name)  |   | (Capacity)                           |                                       |

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