## P00000080766

(Requestor's Name)
R W Cave 617 LaJolla Ave Sun City Center, FL 33573-5103
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## TRANSMITTAL LETTER

SUBJECT: Zes/DENT/AL BUILDING INSPECTORS, INC
(Name of corporation)

DOCUMENT NUMBER: POODOOBB766

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:

Raymond W Cave
(Name of person)

Pesidental Building Inspectors, Inc.
(Name of firm/company)

517 hatola Ave.
(Address)

Sun Lity Lenten, FL 33573-5123

(Only/state and zip code)

For further information concerning this matter, please call:

Raymond Cave at (8/3) 631-956/
(Name of person)

(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

TO:

Amendment Section Division of Corporations

> 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, 607.1508, 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: Residential Building Inspectors, Inc	<b>.</b>
2. The principal office address: 617 hatolla Ave.	
Sun City Center. Fl 33573-5183	
3. The mailing address (if different):	-
5. The maining address (it differency	
	-,-
4. Date of incorporation/qualification: 21/20000cument number: Popolooo 80766	
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State:	
Kaymond W. Cave To 4	
67 hotolla Ave	
Sur City Center FL 3357345183	
6. The name and street address of the new registered agent (if changed) and /or registered office (if	
changed):	
William E. Calvin	
617 La Tolla Ave.	ب.
(P.O. Box or personal mailbox NOT acceptable)	
Sun City Center, FL 33573-5103	
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.	
Kaymonth law Raymond W Cave, Sec-Tree	~
(Signature of all officer, chairman or vice chairman of the board) (Printed or typed name and title)	ح
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	
nerformance 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) 17-31-03 (Date)	- riệs
If signing on behalf of an entity:	
To signing on occasion.	÷
(Typed or Printed Name) (Capacity)	

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