P01000005067

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

RAIRO Change



400020315384

06/11/03--01034--004 **35.00

JEURE JARY OF STATE TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO:		lment Section on of Corporations				
SUBJ	ECT:	ANDERSON TRIM (•			***
			(Name of con	poration)		
DOC	UMENT	NUMBER: P0100	00005067			<u> </u>
The e	nclosed S	Statement of Change	of Registered Offic	e/Agent and fee	are submitted	for filing.
Please	e return a	all correspondence co	ncerning this matte	r to the followin	ıg:	
NANC	Y GIVEN	NS, CPA (Name of pers	son)		v - 2 - 1 - 1	O3 JU SECH TALL
HUGH	ES, SNE	ELL & COMPANY, P (Name of firm/cor	,A. mpany)			O3 JUN 11 PM 2: 00 TALLAHASSEE, FLORIDA
<u>1470</u>	ROYAL	PAIM SQUARE BOUL (Address)	LEVARD	-	:	2: 00 FESTATE FELORIDA
FORT	MYERS.	FL 33919 (City/state and zip	code)	·	·	
For fi	irther inf	formation concerning	this matter, please	call:		
MOL	J. BEI	ILO (Name of person)	at (at (707-94 a code & daytime	72 e telephone num	iber)
Enclo	sed is a S	\$35.00 check made p	ayable to the Depar	tment of State.		
Amer Divis P.O.	Box 6327	ection orporations	Street Address: Amendment Sect Division of Corp 409 E. Gaines St Tallahassee, FL	orations reet		

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

Pursuant to the	e provisions of sections 607.0302,	617.0302, 607.1308, or 617.1308,	, Florida Statutes,			
· ·	of change is submitted for a corpora	ition organized under the laws of th	ie State of			
FLORIDA	in order to change its regis	tered office or registered agent, or	· both, in the State			
of Florida.		· .	•			
1. The name of	the corporation: ANDERSON TRIM	M CARPENIRY, INC.				
2. The principa	l office address: 403 SE 31ST T	ERRACE, CAPE CORAL, FL. 339	904			
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 01/11/20	01 Document number: P(01000005067			
	nd street address of the current registartment of State:	tered agent and registered office on	file with the			
	DAVID W. ANDERSON					
	403 SE 31ST TERRACE		<u> </u>			
	CAPE CORAL, FL 33904					
6. The name a	and street address of the new regis	tered agent (if changed) and /or n	egistered office (if			
changed):	•	• , • ,	ogustorou orrito (ii			
.	HUGHES, SNELL & COMPAN	Y, P.A.				
	1470 ROYAL PALM SOLIARE (P.O. Box or personal	BOULEVARD				
		mailbox NOT acceptable)				
	FORT MYERS, FL 33919	<u> </u>	<u> </u>			
The street addragent, as change	ress of its registered office and the ged will be identical.	street address of the business offic	e of its registered			
Such change vauthorized by	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or een notified in writing of the chan	by an officer so ge.			
(Signapore of an office	er, chairman or the board)	John T. Bello, V.P.	£ owner			
performance of registered age	ot the appointment as registered age to comply with the provisions of a of my duties, and I am familiar with ont. Or, if this document is being fi I hereby confirm that the corpora	ent and agree to act in this capaci all statutes relative to the proper a and accept the obligation of my p led merely to reflect a change in the	ity. nd complete position as he registered			
name &	Tim CPA	JUNE 3, 2003				
	(Signature of Registered Agent)	(Date)	<u> </u>			
If signing on beh	•					
NANCY GIV		SHAREHOLDER				
	(Typed or Printed Name)	(Capacity)	I F			
* * * FILING FEE: \$35.00 * * * * * * * * * * * * * * * * * *						
		DEPARTMENT OF STATE AND MAIL TO:	SI S			