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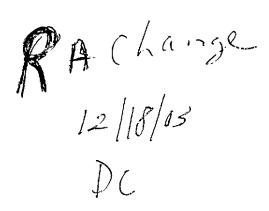


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DIVISION OF CORPORATIONS

2003 NOV 10 PM L: 0L



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: /NNOVATIVE Homes of Remodering /NC. (Name of corporation)
DOCUMENT NUMBER:
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:
(Name of person)
Trivolative Homes of Remoderate INC, (Name of firm/company)
5035 Cypross Tonce Da. (Address)
TAMMA FI 55624 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (8/3) 376-59// (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

Amendment Section

TO:

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 p	provisions of sec	tions 607.0502	2, 617.0502, 607.	.1508, or 617.150	08, Florida Statutes,	this statement of
change is submit	ted for a corpor	ation organize	d under the laws	of the State of _	FORIDA	in order
to change its reg.	istered office or	registered age	ent, or both, in th	e State of Florida	1.	
					ComoDELS	
2. The principal of	office address:	<u> </u>	_/		De	
	· · · · · · · · · · · · · · · · · · ·	TAMPA	FZ,	35624	·	· · ·
3. The mailing ac	ddress (if differe	nt):	<u> • _</u>	<u> </u>	· <u>* * * * * * * * * * * * * * * * * * *</u>	and the second s
4. Date of incorp	oration/qualifica	ntion: <u>6-4</u>	-01	Document numbe	r:	
5. The name and Florida Depart		f the current re	gistered agent ar	nd registered offic	ce on file with the	DI'
1 lorida Depart	4		7	,		
	CORP	SLATE :	ELVILES,	INC.		- 6 選
	537	E. PA	er Aux			SECRETARY OF SAVISION OF CORPOR
•						
	TALLA	HASSEE	97	32.30 (_		- 74 og s
6. The name and (if changed):	street address of	the new regis	tered agent (if cl	nanged) and /or re	egistered office	ATTONS 4: 04
	EDWAR	SW.	James a	7		_ `
	5035	Cypetss	TEACE	De		
		(P.O. Box	or personal mailbox l	NOT acceptable)		
	TAMPA	4	33629			<u></u>
The street address changed will be	ss of its register identical.	ed office and	the street addres	ss of the business	s office of its registe	ered agent, as
Such change was the board, or the	s authorized by corporation has	resolution du been notified	ly adopted by it I in writing of th	s board of directone change.	ors or by an officer	so authorized by
_Mad	M.			Existe	OW. Same	3 THEMEST
I hereby accept to I further agree to	the appointment o comply with the familiar with a	t as registered he provisions	l agent and agre of all statutes re obligation of m	e to act in this co lative to the pro	runed or typed name and in a pacity. per and complete printered agent. Or, it is confirm that the confirmation tha	erformance of my
being filed mere been notified in	iy to rejlect a.c. writing of this c	iange in the ri hange.	egistered office	aaaress, 1 hereby	v conjum that the c	orporation nas
	1/2/		war and	11-	5-03	· · · · · · · · · · · · · · · · · · ·
CATH (Signature of Register	xd Agent)		or <u>na eller</u>	(Date)	
If signing on bel	half of an entity	:				
	(Typed or Printed Na	ame)	<u> </u>	<u> </u>	(Capacity)	, 4 - , 4 - , 4 - , 5 -
					///	