P01000076997

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
EG A.	~
SUBJECT: First Class Home Inspections, Inc.	7
(Name of corporation)	٢
Division of Corporations SUBJECT: First Class Home Inspections, Inc. (Name of corporation) DOCUMENT NUMBER: P01000076997 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	5 —
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	C
Please return all correspondence concerning this matter to the following:	
Carol Hayward	
(Name of person)	
First Class Home Inspections, Inc.	
(Name of firm/company)	
111266 W. Hillsborough Ave #220	
(Address)	
Torres Florida 20005	
Tampa, Florida 33635 (City/state and zip code)	
For further information concerning this matter, please call:	
1 of Tables information concerning this matter, piease can.	
Carol A Hayward at (888) 668-8385 or 813-545-2986	
Carol A Hayward at (888) 668-8385 or 813-545-2986 (Name of person) (Area code & daytime telephone number)	
· · · · · · · · · · · · · · · · · · ·	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	
P.O. Box 6327 409 E. Gaines Street	
Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations	

CR2E045(09/03)

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

Pursuant to the	provisions of sections 607.0502, 617.0502, 607.15	08, or 617.1508, Florida Statutes, i	his statement of	
change is submit	tted for a corporation organized under the laws of	the State of Florida	in order	
to change its reg	ristered office or registered agent, or both, in the S	tate of Florida.		
1. The name of t	he corporation: First Class Home Inspections, In	С.	·····	
2. The principal	office address: 11266 W. Hillsborough Ave #220	, Tampa Florida 33635		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/06/2001 Doc	ument number: P01000076997		
	street address of the current registered agent and r tment of State:	egistered office on file with the	0	
	Carol Hayward		PEC TH	
	11268 W. Hillsborough Ave #220			
	Tampa, Florida 33635		SEE	
6. The name and (if changed):	street address of the new registered agent (if chan	ged) and /or registered office	OF EEB-6 PH 12: 10	
	Carol Hayward		. ************************************	
	15320 Spruson Street			
	(P.O. Box or personal mailbox NOT	acceptable)		
	Odessa, Florida 33556		-	
The street addreschanged will be	ss of its registered office and the street address of identical.	of the business office of its register	red agent, as	
Such change wa	as authorized by resolution duly adopted by its be e corporation has been notified in writing of the	oard of directors or by an officer schange.	so authorized by	
(ar	of Hale and) Carol Hayward / Vice President		
I hereby accept I further agree i auties, and I am being filed mere been notified in	the appointment as registered agent and agree to comply with the provisions of all statutes related familiar with and accept the obligation of my perly to reflect a change in the registered office ade writing of this change. (Signature of Registered Agents	(Printed or typed name and to o act in this capacity. ive to the proper and complete pe ssition as registered agent. Or, if tress, I hereby confirm that the ca January 29, 2004 (Date)	rformance of my	
If signing on be	half of an entity:			
Carol Hayward	(Typed or Printed Name)	Vice President		

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