P02000043435

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Fittine #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
F. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
Special Instructions to Filing Officer:		





900060121099

10/03/05--01052--019 **35.00

DIVISION OF CORPORATIONS
7005 OCT -3 PM 1:5

RA Chg.

180/11

COVER LETTER

Amendment Section Division of Corporations SUBJECT: Tri County Window Treatment Installation, Inc (Name of Corporation) DOCUMENT NUMBER: P02000043435 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: Candelario A. Gabaldon (Name of Contact Person) Tri County Window Treatment Installation, Inc. (Firm/Company) 7251 Albany Road (Address) Fort Myers, FL 33912 (City/State and Zip Code) For further information concerning this matter, please call:

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

Candelario A. Gabaldon

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

239) 292-9604 (Area Code & Daytime Telephone Number)

TO:

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	mized under the laws of the State of Florida
1. The name of the corporation: Tri County Windo	ow Treatment Installation s ,Inc.
2. The principal office address: 7251 Albany Roa	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/22/2002	Document number: P0200043435
5. The name and street address of the current registered Florida Department of State:	agent and registered office on file with the
Tamara D. Gabaldon	
9950 Mar Largo Circle	
Fort Myers, FL 33919	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office
Angela C. Brant	
7251 Albany Road (PO Box NOT acceptable	
Fort Myers, FL 33912	
The street address of its registered office and the street as changed will be identical,	et address of the business office of its registered agent,
Such change was authorized by resolution duly adopt authorized by the board, or the corporation had been i	
Configuration A Malalla (Signature of an officer or director)	Candelario A. Gabaldon, Officer (Printed of typed name and title)
I hereby accept the appointment as registered agent of I further agree to comply with the provisions of all stone of my duties, and I am familiar with and accept the of document is being filed merely to reflect a change in corporation has been notified in Wiling of this change.	and agree to act in this capacity. Attites relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the te.
(Signature b) Registered Agent)	September 22, 2005
If signing on behalf of an entity:	
(Typed or Printed Name)	

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