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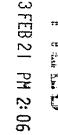
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Able Remodeling & Design Inc. (Name of corporation)
DOCUMENT NUMBER: PO20000 45 3 18
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:
Saudra Sauchez (Name of person)
Able Remodeling & Design Inc. (Name of firm/dompany)
(Address)
Tampa, Fl 33604 (City/state and zip code)
For further information concerning this matter, please call:
Sandra Sauchez at (813) 843 - 3266 (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:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the this statement of	-									
Florida. 1. The name of t				=						
2. The principal	the corporation:_ office address:_	102	West	Elm	S f. ,	Tampa	, a	C 336	04	
3. The mailing a	ddress (if differe	ent):					**************************************			<u> </u>
4. Date of incorp	ooration/qualific	ation: A	pril 19	2002	Docum	ent numbe	r:P	02008	04531	8
5. The name and Florida Depar	l street address of tment of State:	of the curre	ent register	red agent	and regi	stered offic	ce on f	ile with	the CG	
	TAX ME	RT, IV	<i>د</i> د .					- Pi-	E	1
	1612	w. Wa	aters	Ave.				- S.:	22	, p. 62
	Tampo	u, Fl	3360)4				333	PA	¥.
6. The name an changed):	nd street address Saudva			red agent	(if char	ged) and	or reg	gistered / A		- 25
_	102 W	. Elu	u Sf.	-	contable)			_		
_	Tampa,	_		.=.				_		
The street addre	ess of its registered will be identi	red office cal.	and the str	reet addre	ess of the	business	office	of its re	gistered	
Such change wa authorized by th	s authorized by le board, or the	resolution corporation	n duly ado on has beer	pted by it i notified	s board in writi	of directoring of the c	s or by	y an offi ·	cer so	
Signature of an officer	chauman or vice chair	man of the box	बंग्व)	Sor	dro le	typed name a	ncz id title)			
I hereby accept I further agree t performance of registered agen	the appointment to comply with to my duties, and to to the confirmation of the confirm	t as regisi he provisi I am famil cument is	tered agen ions of all liar with a heing filed	t and agr statutes r nd accept I merely t n has bee	ee to actelative to the the oblive to the ob	t in this ca the prop gation of a change ed in writi	pacity er and my pol in the	siiion as register	ed	
Comp of				O	1-18-	03	_			
If signing on beha	f of an entity.	Agent)				(Date)				
	(yped or Printed Name)					(Capacity)	·	· · · · · · · · · · · · · · · · · · ·		
(***F	ILING FI	EE: \$35.0	0 * * *					