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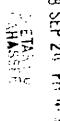
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: DAMAGE CONTROL, INC.

Name of Corporation

POCUMENT NUMBER: P02000062185

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:

JON M. ODEN, ESQ.

Name of Contact Person

WILLIS & ODEN, PL

Firm/Company

2121 S. HIAWASSEE ROAD, STE. 116

Address

ORLANDO, FL 32835

City/State and Zip Code

garcher777@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON M. ODEN, ESQ.

Name of Contact Person

at (407 903-9939 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

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA in the State of Florida.
	the corporation: DAMAGE CONTROL, INC.
1. THE HAIRE OF	office address: 2462 SR 426 - 1034
OVIEDO	, FL 32765
3. The mailing a	ddress (if different): 2200 WINTER SPRINGS BLVD # 106-221
	O, FL 32765
4. Date of incorp	poration/qualification: 06/05/2002 Document number: P02000062185
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	ARCHER, GEORGE K.
	2200 WINTER SPRINGS BLVD # 106-221
	OVIEDO, FL 32765
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office (1)
	WILLIS & ODEN, PL
	2121 S. HIAWASSEE ROAD, SUITE 116
	P.O. Box NOT acceptable ORLANDO, FL 32835
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	JON M. ODEN, ESQ. (CORP. COUNSEL)
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	9/21/18 Parture of Registered Agent Date
	half of an entity:
JON M. ODEN,	ESQ. (CORP. COUNSEL)
	yped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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