P02000098569

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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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10 DEC 21 AM II: 08
SECRETARY OF STATE

RA. Cherge C.COULLIETTE

DEC 21 2010

EXAMINER

COVER LETTER

| TO: | Amendme Division o | nt Section of Corporations | | | | | |
|------------------------------------|--|---|---|-----------------|--|--|--|
| SUBJ | ECT: | Foundation Repai | ir Contractors Inc. | | | | |
| DOCU | JMENT NU | JMBER:P(| 02000098569 | | | | |
| The en | closed State | ement of Change of Registered Of | ffice/Agent and fee are submitted f | or filing. | | | |
| Please | return all co | orrespondence concerning this ma | itter to the following: | | | | |
| | | | on L Patton | | | | |
| | | Name of | Contact Person | | | | |
| Foundation Repair Contractors Inc. | | | | | | | |
| | | | /Company | | | | |
| | | | , | | | | |
| | | | v York Avenue | <u> </u> | | | |
| | | P | Address | · | | | |
| | | | 5 1 0.400 5 | | | | |
| | | Hudso City/State | n FL 34667 e and Zip Code | | | | |
| | | , | | | | | |
| | _ | DPatton@frcs | inkholerepair.com | <u>-</u> - | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | |
| For fu | ther informa | ation concerning this matter, plea | se call: | | | | |
| | | Lisa Caropreo | at (813) | 355-7920 | | | |
| | Nai | me of Contact Person | at (<u>813</u>) ; Area Code & Daytime T | elephone Number | | | |
| Enclos | ed is a \$35.0 | 00 check made payable to the Dep | partment of State. | | | | |
| | | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Address: Amendment Section Division of Corpor Clifton Building | ations | | | |
| | | Tallahassee, FL 32314 | 2661 Executive Ce Tallahassee, FL 32 | | | | |



FLORIDA DEPARTMENT OF STATE Division of Corporations



December 8, 2010

DAMON L. PATTON FOUNDATION REPAIR CONTRACTORS INC. 8635 NEW YORK AVE HUDSON, FL 34667

SUBJECT: FOUNDATION REPAIR CONTRACTORS INC.

Ref. Number: P02000098569

We have received your document for FOUNDATION REPAIR CONTRACTORS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have made no changes reflected in number 6 of the application. If you are making changes to your registered agent information, you will need to show the current registered agent information in number 5 and the new information in number 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 810A00028496

O DEC 20 AM 8: 00

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

| Pursuant to the provisions of sections 607 statement of change is submitted for a cor in order to change its registered | poration organ | nized under the laws of the Stat | e of Florida | |
|--|--|---|--|----------|
| 1. The name of the corporation: Found | ation Repa | air Contractors Inc. | | |
| 2. The principal office address: 8635 Ne | w York Ave | nue, Hudson, FL 34667 | · · · · · · · · · · · · · · · · · · · | |
| 3. The mailing address (if different): Sam | ne | | | |
| 4. Date of incorporation/qualification: | 2002 | Document number: | P02000098569 | |
| 5. The name and street address of the curre Florida Department of State: (If resigne | | | le with the | |
| <u> </u> | | Damon | Paton | |
| | ··· | 11624 Corp | orate Lake Bl | ud |
| , . = 4 1441 | | _ | 10 FL 3357 | 6 |
| 6. The name and street address of the new (if changed): Damon L 8635 Neu Hudsen | Patter | Ave | 10 DEC 21 AM SECRETARY OF TALLAHASSEE. F | |
| The street address of its registered office as changed will be identical. | and the street | address of the business office | of its registered agent, | 1. DB |
| Such change was authorized by resolution authorized by the board, or the corporation | on duly adopted on has been no | d by its board of directors or botified in writing of the change | | |
| Signature of an officer or director | | Damon L Printed or typed name | Patton and title | |
| I hereby accept the appointment as regis I further agree to comply with the provis of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing | tered agent an ions of all stat accept the obl a change in th of this change | nd agree to act in this capacity lutes relative to the proper an ligation of my position as regi ne registered office address, I | y, d complete performance stered agent. Or, if this hereby confirm that the | |
| Mulyss | <u> </u> | 12-02-20 | 010 | |
| Signature of Registered Agent If signing on behalf of an entity: | | Date | | |
| Damon L Patton | | | | |

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