## P02000102889

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300039169023

07/22/04--01013--004 \*\*35.00

OL JUL 22 PH 4: 43
SECRETARY OF STATE
SECRETARY OF STATE

PACH9 PRO128

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Custom Serv Building Services, Inc. (Name of corporation)		
DOCUMENT NUMBER: P0200102889		
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:		
Name of contact person		
Custom Serv Building Services, Inc.		
409 Ronele Dr.		
Brandon Fl 33511 (City/state and zip code)		
For further information concerning this matter, please call:		
Harry Hillary at (813) 669-1001 (Area code & daytime telephone number)		
Enclosed is a \$35.00 check made payable to the Department of State.		

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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.  in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Custom Serv Building Services, Foc.
2. The principal office address: 409 Ronele Dr
Brandon, FL 33511
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/24/02 Document number: PO20010281
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Brian A. Hillan
1724 Ochwald Or:
Brandon, FL 33511
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Brian A-Hillary
409 Ronele Dr. (P.O. Box NOT acceptable)
Brandon, FL 33511
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Karyn Hillary ST (Printed or types reme and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
1/20/04
(fignature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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