P03000035421

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	, #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: REGAL CURTAIN ROB CORP. (Name of Corporation)			
DOCUMENT NUMBER: \$\int 030000 35421			
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:			
CARL C. Harrison R.			
(Name of Contact Person)			
(Marie of Contact Lordon)			
REGAL CULTAIN ROB COHP (Firm/Company)			
(Firm/Company)			
3920 INVERRARY BLUD # 304 (Address)			
(Address)			
(City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CARL S. NEWMAN at (954) 720 7612 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Amendment Section			

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

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

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

	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of AlviLa
	egistered agent, or both, in the State of Florida.
1. The name of the corporation: RECAL C 2. The principal office address: 3920 [NV	LERAIN ROS CORB.
2. The principal office address: 3920 [NV	ERRAPY BLUB #304
LAUDERHILL FL	33319
3. The mailing address (if different):	
4. Date of incorporation/qualification:	24 2003 Document number: PUSODOO 350121
5. The name and street address of the current register Florida Department of State:	red agent and registered office on file with the
CARL S. A	JEWMAN ES S
	y Blvd #201 3321 AHASS
6. The name and street address of the new registered (if changed):	
Carl S. Newman, 3920 Inverrary Blvd # Lauderhill FL 33319	304
The street address of its registered office and the sas changed will be identical.	treet address of the business office of its registered agent,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.
lasshean	CARLS. NEWHONG PRES
(Signature of an officer or director)	(Printed or typed name and title)
I hereby accept the appointment as registered age I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the document is being filed merely to reflect a change corporation has been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
Level sheman	SEP 2 6 2005
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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