P03000037234

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COVER LETTER

Amendment Section Division of Corporations

SUBJECT: Pete Tsirni	kas Licensed Home Ins (Name of Corpor	pector, Inc. ation)
DOCUMENT NUMBER:	P03000037234	
The enclosed Statement of Char	nge of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the	ne following:
Mark	F. Ahlers, Esquire (Name of Contact	Person)
Fishl	back Law Firm (Firm/Compa	ny)
1947	Lee Road (Address)	
	er Park, Florida 327 (City/State and Zij	89 o Code)
For further information concern	ing this matter, please call:	
Mark F. Ahlers (Name of Contact	at (et Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made	e payable to the Department	of State.
Amend Divisio P.O. Bo	ment Section on of Corporations ox 6327 ussee, FL 32314	Street Address: 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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporation r to change its registered office o	on organized under the laws o	of the State ofF	lorida	
1. The name of t	he corporation: Pete Tsirn	ikas Licensed Home Ins	spector, Inc.		
2. The principal	office address: 442116 East	Lakeview Drive, Alto	ona, Florida	32702	<u>. </u>
3. The mailing ac	ddress (if different): Same	e			
4. Date of incorp	oration/qualification: 03/26	/2003 Document num	lber: <u>P0300037</u>	234	
5. The name and Florida Depart	street address of the current regi	istered agent and registered of	ffice on file with	he .2007.H	-
	Mark F. Ahlers, I	Esquire	HASS	17 MAY 24	
	170 East Washingt	con Street	Y OF S	P	Щ
	Orlando, Florida	32801	ORID.	5: 04	O
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or	r registered office		
	Mark F. Ahlers, F	Esquire			
	1947 Lee Road (P.O. Box NOT a	acceptable)			
	Winter Park, Flor	ida 32789			
The street address as changed will be	ss of its registered office and the be identical.	e street address of the busines	ss office of its re	gistered	agent,
	s authorized by resolution duly a e board, or the corporation has b			cer so	
(Signatur	e of an officer or director)	Peter G. Tsir	nikas, Presi	dent	
I hereby accept t I further agree to performance of n agent Or, if this	he appointment as registered as comply with the provisions of any duties, and I am familiar with document is being filed merely fat the corporation has been no	gent and agree to act in this c all statutes relative to the pro h and accept the obligation of to reflect a change in the re	capacity. oper and complet of my position as gistered office ac	te registera ldress, I	ed
/cign		5-16-	- p7	· <u></u>	
(Sign If signing on beh	alf of an entity:		(Date)		
(Ту	ped or Printed Name)				

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Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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