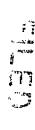
| (Requestor's Name)                      |               |
|---|---------------|
| (Address)                               | 40016729      |
| (Address)                               | 4001072       |
| (City/State/Zip/Phone #)                |               |
| PICK-UP WAIT MAIL                       | 02/10/1001004 |
| (Business Entity Name)                  |               |
| (Document Number)                       |               |
| Certified Copies Certificates of Status |               |
| Special Instructions to Filing Officer: | Mohan         |
|   |               |
| Office Use Only                         |               |



95314

018 \*\*35.00



## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: FAMILY SHUTTERS CORP  Name of Corporation  |
| DOCUMENT NUMBER: P03000049989   |
| 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:                     |
| Rene Melia<br>Name of Contact Person  |
| Name of Contact Person  |
| FAMILY SHUTTERS CORP  |
| 1933 Meridian ST. Address   |
| MITAMAN FC 33023 City/State and Zip Code  |
| Chyriana and 24 code  |
| E-mail address: (to be used for future annual report notification)                            |
| ,   |
| For further information concerning this matter, please call:                                  |
| Rene Me)1A at (954) 3949339  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  Street Address:  Amendment Section                       |
| Division of Corporations Division of Corporations   |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

|  | statement of change is submitted for a corporation orga-<br>in order to change its registered office or regis                                    | mized under the laws of the State of Florida  |   |  |
|--|--|---|---|--|
| the constant                                     | 1. The name of the corporation: FAMILY Shows 2. The principal office address: Jakes 799  | HERS Corp.  33 Meridian ST  | - |  |
| LOADDREAS<br>by SUI 2659<br>allywood FC<br>33023 | 3. The mailing address (if different):   | ramar FL 33023  | - |  |
|  | 4. Date of incorporation/qualification: 4/2 9/2  | 2003 Document number: \$\int 03000 49989\$  |   |  |
|  | 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resign                                 | agent and registered office on file with the  |   |  |
|  | <u>Rene mejia</u>  |   |   |  |
|  | 2612 Acapulco  | Dr.   |   |  |
|  | miramar F  | C 77023   |   |  |
|  | 6. The name and street address of the new registered age (if changed):  REVE   | ent (if changed) and /or registered office m  |   |  |
|  | 7933 MERIDIA   | OT acceptable  33023  |   |  |
|  | 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 adopte authorized by the board, or the corporation has been n                                      | ed by its board of directors or by an officer so notified in writing of the change.   |   |  |
|  | Signature of an object or director   | Printed or typed name and title   |   |  |
|  | •  | and agree to act in this capacity.  The proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the |   |  |
|  | Signature of Registered Agent  | Date  |   |  |
|  | If signing on behalf of an entity:   |   |   |  |
|  | Typed or Printed Name  |   |   |  |

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