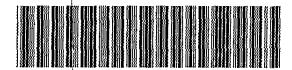
## P03000054582

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dodanon Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
SECRETARY OF STATE

OR A Chg. \$19 16

## **COVER LETTER**

TO: Amendment Section Division of Corporations TAYLOR SCREENS, INC. P03000054582 menument and fee are submitted for filing. The enclosed Arm Please return all correspondence concerning this matter to the following: 24th PLACE SW (Address) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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 organiz		
in order to change its registered office or register		_
1. The name of the corporation: AYLORS ME	AINTENANCE NC ZO	2
2. The principal office address: 1375 24th	PLACE SID	-
VERD BEACH	FL 32962 75	<u>,</u>
3. The mailing address (if different):		٥
		ن دوم
4. Date of incorporation/qualification: 05/09/2003	3 Document number: <u>P0300054582</u>	70 
5. The name and street address of the current registered age Florida Department of State:	ent and registered office on file with the	
RUTH LIVERADOL		
8428 W. OAKLANDE	PARK BLVD	
SUNRISE FL 33351		
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office	
KOBERT LIVERM	AN	
1375 - 24 th PLA (P.O. Box NOT acceptable)	CE SW	
VERD BEACH FI	32962	
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so itied in writing of the change.	
(Signature of an officer or director)	ROBERT LIVERMAN, PRES (Printed or typed name and title)	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the obliq document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and complete performance zation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Nobel to (Signature of Registered Agent)	8/6/04 (Date)	
If signing on behalf of an entity:		
(Typed or Printed Name)	-	
(1)pod or estitude (datio)		

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

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