

P03000075481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong

C.COULLIETTE

JAN 11 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KELDAN RESTORATIONS INC
Name of Corporation

DOCUMENT NUMBER: PO 3000075481

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:

VICTOR M. SANTIAGO

Name of Contact Person

KELDAN RESTORATIONS INC

Firm/Company

49 COURT DRIVE

Address

DESTIN FL 32541

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR M. SANTIAGO

Name of Contact Person

at (850) 974 8855

Area Code & Daytime Telephone Number

Enclosed 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: KELDAN RESTORATIONS INC
2. The principal office address: 49 COURT DRIVE
DESTIN FL. 32541
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: PO 3000075481
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VICTOR M. SANTIAGO

49 COURT DRIVE

P.O. Box NOT acceptable

Destin FL. 32541

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.

Victor M. Santiago
Signature of an officer or director

VICTOR M. SANTIAGO (OWNER
PRESIDENT)
Printed or typed name 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.

Victor M. Santiago
Signature of Registered Agent

December 31st 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)

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10 JAN - 7 PM 1:16
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