## 0009 611 000 60

(Red	questor's Name)	
(Add	dress)	
(Add	ress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400042757944

11/22/04--01035--004 \*\*35.00

FILED

04 NOV 24 MM II: 13

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: QUALITY HOME IMPROVEMENT, INC. (Name of corporation)
DOCU	UMENT NUMBER: P03000113900
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Maria Kalapati (Name of contact person)
	JMJ Services, Inc. (Firm/Company)
	14580 S.Tamiami Tr. # D (Address)
	North Port, FL 34287 (City/state and zip code)
For fu	ther information concerning this matter, please call:
	Maria Kalapati at (941 ) 423-0834 (Name of contact person) (Area code & daytime telephone number)
Enclos	ed 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  409 E. Gaines Street  Tallahassee, FL 32314  Tallahassee, FL 32314

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

. . .

	•	HOME IMPROVEMENT, INC.	
2. The principal of		t Street	
		otte, FL 33952	
3. The mailing ad	dress (if different):		
4. Date of incorpo	oration/qualification: 10/15/	2003 Document number: P030001	113900
5. The name and Florida Depart		tered agent and registered office on file with t	he
	Danica Bu	kovcan	
	2095 Hari	et Street	
	Port Char	lotte, FL 33952	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	
	Leonard M	ielnik	71.00
	6871 Will (PO.Box NOT ac	ow Creek Circle #306	ONLE
<u>.</u>	North Por	t, FL 34287	
The street addres	s of its registered office and the	street address of the business office of its re	egistered ager
=		dopted by its board of directors or by an of een notified in writing of the change.	
(Signatur	of an officer or director)	Leonard Mielnik (Printed or typed name and title	<del>)</del>
I hereby accept t I further agree to of my duties, and document is bein corpozation has		ent and agree to act in this capacity. all statutes relative to the proper and comploid the obligation of my position as registered a e in the registered office address, I hereby of hange.	ete performan igent. Or, if the confirm that th
concord	Aleo Lethature of Registered Agent)	11-17-04	
(Sign	ature of Registered Agent)/	(Date)	
	alf of an entity:		

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