## P03000114641

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Frankin Custom Mantels Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 3000114641
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:
(Name of Contact Person)  Franklin Custom Mantels Inc. (Firm/Company)
P-0-Box 2168 (Address)
Bellarian Fl 34421 (City/State and Zip Code)
For further information concerning this matter, please call:
Oonna Franklin at (352) 347-5567 (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
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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida. to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: Franklin Custom Mantels Inc
2. The principal of	Belleview FL 34420
3. The mailing ac	ldress (if different): PO BOX 3168 Belleview FL 34431
4. Date of incorp	oration/qualification: Document number: P03000114641
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	All Florida Fiem Inc
	813 Deltona Blud Suite A THE
	Deltona FL 327 25
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if
	Linda Dunham
	(P.O. Box NOT acceptable)
	Bellavieu FL 34420
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
DOMANICO	Grandling Doma Franktin - Vice President (Printed or typed name and title)
I further agree to of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this In giled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Lindu L	Oenlam  10 15 107  mature of Registered Agent)  (Date)
If signing on bel	nalf of an entity:
Linda	Dunham yped or Printed Name)

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