

PD3000120503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
08 FEB 22 PM 12:21

RA/RO/chg
@ 2/26/08

Our Reference #1193001

2/15/2008

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: BECKWITH CABINET & TRIM, INC. Document #: P03000120503

Please file the attached Change of Registered Agent Form. You will find a check for the filing fee attached.



ALL FLORIDA FIRM INC

813 Deltona Blvd Ste A
Deltona, FL 32725
Phone 386-575-1180

**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: **BECKWITH CABINET & TRIM, INC.**
2. The principal office address: **4947 BONITA DRIVE WIMAUMA FL 33598**
3. The mailing address (if different): **3207 DOE CT. BRANDON FL 33511 US**
4. Date of incorporation/qualification: **10/27/2003** Document number: **P03000120503**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
**SUTTER, TIMOTHY S
3207 DOE CT.
BRANDON FL 33511 US**
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A #1193001
DELTONA, FL 32725**

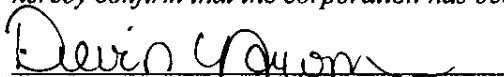
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Tim S Sutter VP
(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.*


(Signature of Registered Agent)

January 28, 2008
(Date)

If signing on behalf of an entity:

Devin Newman
(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 1193001**

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