

P03 000124581

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PUBLICATIONS, INC.  
ALL AMERICAN

R.A. Change  
C.COULIETTE

NOV 25 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IRONMAN SPRAY TEXTURES INC.  
Name of Corporation

**DOCUMENT NUMBER:** P03000124581

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:

Kim T. Gambone-Munz  
Name of Contact Person

Ironman Spray Textures, inc.  
Firm/Company

11321 Rustic Wheel Ct.  
Address

JKVL, FL 32257

City/State and Zip Code

Ironman Spray @ bellsouth.net

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

ironmanspray @ bellsouth.net

For further information concerning this matter, please call:

Kim T. Gambone-Munz at (904) 880-5729  
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

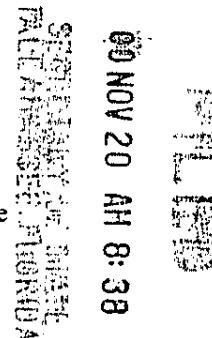
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*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: IRONMAN SPRAY TEXTURES INC.
2. The principal office address: 11321 RUSTIC WHEEL CT, JACKSONVILLE FL 32257
  
3. The mailing address (if different): \_\_\_\_\_
  
4. Date of incorporation/qualification: 10/27/2003 Document number: P03000124581

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)

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON FL 33331 US



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

Incorp Services, Inc.  
17888 67th Court North  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

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.

✓ 457. Acambone-Munz Kim T. Gambone-Munz president  
Signature of an officer or director 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.*

Janice Null on behalf of 10/29/09  
Signature of Registered Agent Incorp Services, Inc. Date

If signing on behalf of an entity:

Janice Null on behalf of Incorp Services, Inc.  
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)