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# P04000010273

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ALVAREZ WINTHROP THOMPSON & STORE  
Account Number : I20030000104  
Phone : (407) 210-2796  
Fax Number : (407) 210-2795

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Maria.Genio@vconstructionllc.com

## REGISTERED AGENT CHANGE TRUE LINE CONTRACTING & REMODELING SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

14 NOV -4 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

RECEIVED  
14 NOV -4 PM 12:07  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOV 05 2014  
J. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUE LINE CONTRACTING & REMODELING SERVICES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P04000010273

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:

**MARCO GENIO**

Name of Contact Person

Firm/Company

**7411 INTERNATIONAL DR**

Address

**ORLANDO, FL 32819**

City/State and Zip Code

**Marco.Genio@vconstructionllc.com**

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

For further information concerning this matter, please call:

**MARCO GENIO**

Name of Contact Person

at **(407) 697-3164**

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: TRUE LINE CONTRACTING & REMODELING SERVICES, INC  
 2. The principal office address: 7411 INTERNATIONAL DRIVE  
ORLANDO, FL 32819  
 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/13/2004 Document number: P04000010273

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)

RAYMOND L. SCHUMANN

390 N. ORANGE AVE., SUITE 600, ORLANDO, FL 32801

RESIGNED

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

P. RAUL ALVAREZ

ALVAREZ WINTHROP THOMPSON & STOREY, PA

P.O. Box NOT acceptable

390 N. ORANGE AVE., STE. 600, ORLANDO, FL 32801

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

MARCO GENIO, 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.*

  
 \_\_\_\_\_  
 Signature of Registered Agent

11/4/2014  
 Date

If signing on behalf of an entity:

P. Raul Alvarez  
 \_\_\_\_\_  
 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 (03/12)

14 NOV -4 AM 10:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
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