

PD40000028762

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

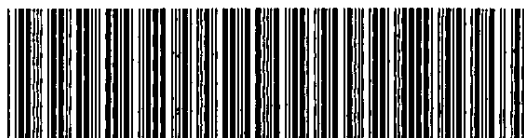
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(Document Number)

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DIVISION OF CORPORATIONS  
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@ 4/18/08



**ALL FLORIDA FIRM INC**

813 Deltona Blvd, Ste A

Deltona, FL 32725

Phone 386-575-1180

6/13/2008

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

**RE: P04000028762**

Please find a check and change of registered agent forms for the following corporations and/or LLC's.

***RIGHT WAY HOME IMPROVEMENT, INC.***

***9038 VICKROY TERRACE***

***OVIEDO, FL 32765***

Sincerely,

All Florida Firm, Inc.

**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: **RIGHT WAY HOME IMPROVEMENT, INC.**
2. The principal office address: **9038 VICKROY TERRACE OVIEDO FL 32765**
3. The mailing address (if different): **9038 VICKROY TERRACE OVIEDO FL 32765**
4. Date of incorporation/qualification: **2/12/2004** Document number: **P04000028762**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**OWEN LOBBAN  
9038 VICKROY TERRACE  
OVIEDO FL 32765**

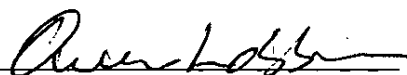
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

**ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A (Box #1264503)  
DELTONA, FL 32725**

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08 JUN 16 AM 11:54

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)

**OWEN LOBBAN OWNER**  
(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)

**May 29, 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 1264503