

P04000031895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

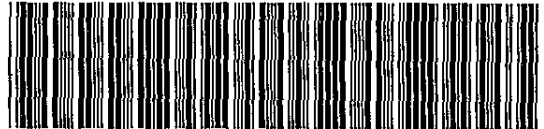
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chavez*  
G. Castellanos JUL 16 2004

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Wolfe Home Improvements Inc.  
(Name of corporation)

DOCUMENT NUMBER: P040000 31895

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:

Kirk William Wolfe  
(Name of person)

Wolfe Home Improvements Inc.  
(Name of firm/company)

4929 Jerry Johns Rd.  
(Address)

Macedonny FL. 32063  
(City/state and zip code)

For further information concerning this matter, please call:

Kirk Wolfe at 904, 614-7940  
(Name of person) (Area code & daytime telephone number)

President

Ward Wolfe

904 705-2127

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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Wolfe Home Improvements Inc.  
2. The principal office address: 4929 Jerry Johns Rd. Macclenny FL.  
32063  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 2-16-04. Document number: P04000031895

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Warden Lee Wolfe  
4929 Jerry Johns Rd  
Macclenny FL 32063

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

Kirk William Wolfe  
4929 Jerry Johns Rd  
Macclenny FL 32063  
(P.O. Box or personal mailbox NOT acceptable)

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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.

Ward Wolfe  
(Signature of an officer or director)

Warden L Wolfe 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.

Kirk William Wolfe  
(Signature of Registered Agent)

7-7-04  
(Date)

If signing on behalf of an entity:

Kirk William Wolfe  
(Typed or Printed Name)

Vice President  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314