P04000037799

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
DIVISION OF CORPORATION

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R.A. Change

G. Coullistic DEC 0 7 2007 -

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: HERMITAGE STONEWORK, TVC. (Name of Corporation) |
| DOCUMENT NUMBER: 1 |
| 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: |
| SAVCHENKO PAVEL (Name of Contact Person) |
| Hermitage Stonework, INC. (Firm/Company) |
| 1345 WOODCREST LN (Address) |
| North Port, FL 34286-7573 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Southento Paul at (941) 875-6715 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| (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 ofin order to change its registered office or registered agent, or both, in the State of Florida. | <u>La</u> | |
|---|--------------------------|-------------|
| 1. The name of the corporation: HERMITAGE STONEWORK INC. | | |
| 2. The principal office address: 10507 PENDLETON AVE, UNIT B | | · |
| ENGLEWOOD, FL 34224 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 02/23/2004 Document number: P04000037 | 77 | 99 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | | |
| Sauchenko Pavel | | |
| 10507 PENDLETON AVE, UNIT A | 0 | S NG |
| Englewood, FL 34224 | 7 DEC | SION |
| 6. The name and street address of the new registered agent (if changed) and /or registered office | -6 AHII: I | ARY OF ST |
| 1345 WOODCREST LN (P.O. Box NOT acceptable) | 7 | ATIONS |
| NORTH PORT, FL 34286-7573 | | • |
| The street address of its registered office and the street address of the business office of its registered as changed will be identical. | igent | , |
| 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 entire or director) (Signature of an entire 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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, document is being filed merely to reflect a change in the registered office address, I hereby confirm the corporation has been notified in writing of this change. | nanc if thi at the | e s e |
| V 12. 4. 2.007 (Signature of Benefitered Agent) | <u></u> | |
| If signing on behalf of an entity: | | |
| (Typed or Printed Name) | | |

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