P04000056186

(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

R.A

TBrown 3-15-11

COVER LETTER

Division of Corporations American Building Contractors Insurance Restoration Services, Inc. Name of Corporation P04000056186 DOCUMENT NUMBER:_ 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: Lisa Granskie for Incorp Services, Inc. Name of Contact Person InCorp Services, Inc. Firm/Company 2360 Corporate Circle · Suite 400 Address Henderson, NV 89074-7722 City/State and Zip Code steph@abc-mn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 702-866-2500 Lisa Granskie Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:

Clifton Building

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

Amendment Section

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, F I under the laws of the S I agent, or both, in the Si	tate of Fic	orida	············	
1. The name of t	he corporation: Americ	can Building Con	tractors Insurance	Restorat	ion Ser	vices,	Inc.
			te 100, Burnsville, I				
3. The mailing a	ddress (if different):	.,					
4. Date of incorporation/qualification:03/26/2004 Document number: F					04000056186		
5. The name and		rrent registered agen ned, enter resigned)	t and registered office or	n file with t	the		
	1200 S PINE ISLA	AND RD				20	
	Plantation, FL 333	324			SECRE	2011 MAR 14	"T]
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or regist	ered office	TARY OF	RIL A	m
	InCorp Services, I	nc.		<u></u>	SIA SIA	AM IO: 4	
	17888 67th Court				5E	=	
	Loxahatchee, FL 3	P.O. Box. NOT acc 33470	ceptable				
The street address changed will	ess of its registered offi- be identical.	ce and the street add	dress of the business off	fice of its r	egistere	d agent,	
Such change was authorized by the	as authorized by resolute ne board, or the corpore	tion duly adopted by	y its board of directors of the cha				
Tautt Signatu	Word &		Payl Lloo.	Luac name and title	l, F	resic	dent
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle s been notified in writin	gistered agent and a visions of all statutes ad accept the obliga ct a change in the re ag of this change.	gree to act in this capa s relative to the proper tion of my position as r egistered office address	city. and compl egistered a , I hereby	lete perfo igent. O confirm	ormance or, if this that the	?
Jàn Jang	nature of Registered Agent	Services, (nc.	February Date	28, 201	1		
If signing on be	half of an entity:						
Lisa Granskie	on behalf of InCorp	Services, Inc.					

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

Typed or Printed Name