

PO4000059116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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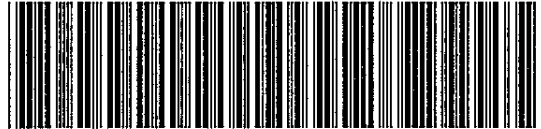
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Residential Design Professionals, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P04000059116

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:

J Victoria Garbacik Kopman, CPA
(Name of Contact Person)

J Victoria Garbacik-Kopman, P.A.
(Firm/Company)

10688 Old St Augustine Road, Suite 4
(Address)

Jacksonville, FL 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

J Victoria Garbacik Kopman at (904) 880-9803
(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

