## P04000059330

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Daniel Medica)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Dernis Med Howar  Jave Authority forth  Correct name of RA  Loupor address  12/28 Ad
Office Use Only



900043442079

12/20/04--01052--002 \*\*35.00

O4 DEC 20 PM 4: 2'
SECRETARIAN SET DON'T

rwig, all 1/28

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DENNIS MC GOWAN PAINTING, INC. (Name of corporation)	
DOCUMENT NUMBER: PO 4000059330	
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:	
DENNIS MCGOWAN (Name of contact person)  1) CNNIS MCGOWAN PAINTING, INC (Firm/Company)	
1532 LINOALE CIRCLE (Address)	
LCHIGH ACKES FLOKIDA 33936 (City/state and zip code)	
For further information concerning this matter, please call:	
1) EVNIS MC Gowa V at (239) 404-0350 (Name of contact person) (Area code & daytime telephone number)	)

Enclosed is a \$35.00 check made payable to the Department of State.

Matling 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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DENNIS MC GOWAN PAINTING, INC.
2. The principal office address: 25 too SANOHiH BLUD = H201 1532 hi
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/7/04 Document number: P0400005933
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DENNIS Mª GOWAN
25100 SANDHIII BLVD #H201 PO P
PUNTA GORDA, FLORIDA 33983
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DENNIS MC GOWAN
DENNIS MC GOWAN  1532 LINDALE CIRCLE  (P.O. Box NOT acceptable)
LettigH ACRES, FLORIDA 33936
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.
W. Signature of arroficer of director)  Denvis MC Goward Parsi Denvi  (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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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