P04000075586

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL, |
| (Business Entity Name) |
| ; |
| (Document Number) |
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GEORETARY OF STATE

COVER LETTER

Division of Corporations GUTTERS EXPRESS USA INC. DOCUMENT NUMBER: P 040000 75586 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: (Name of Contact Person) GUTTERS EXPRESS USAINC 3956 TOWN CENTER BLVD. SUITE 305 ORLANDO, FL. (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (407) 844-2287 (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

TO:

Amendment Section

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 |
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: GUTTERS EXPRESS USA INC 2. The principal office address: 3956 TOWN CENTER BLVD SUITE 30.5 |
| 2. The principal office address: 3956 TOWN CENTER BLVD SUITE 30. |
| ORLANDO, FL. 32837 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: MAY 11/2004 Document number: P040000 75586 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| PATRICIAS JONES 3 |
| ORLANDO, FL. 32837 |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| VICENTE FONSECA 500 0 |
| 3956 TOWN CENTER BLUD. SUITE 305 |
| (P.O. Box NOT acceptable) |
| ORLANDO, FL. 32837 |
| 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. |
| (Signature of any officer or director) (Signature of any officer 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 performance of my duties, and Vam 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) |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |
| * * * FILING FEE: \$35.00 * * * |