## P04000077961

(Requestor's Name)								
(Address)								
(1-1-1-1-1)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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Certified Copies Certificates of Status								
Casalal hatturations to Filing Officer								
Special Instructions to Filing Officer:								

Office Use Only



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SECRETARY (% NOV)
TALLARIASSUS (% NOV)

RA. Resign.

G. Considering NOV 2 9 2004

## → COVER LETTER

TO: Amendm Division	ent Section of Corporations							
SUBJECT:	Outer Shell Siding, Inc.							
	(Name of corporation)							
DOCUMENT N	UMBER: P0400077961							
The enclosed State	tement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all o	correspondence concerning this matter to the following:							
·	Angela M. Ball							
•	(Name of contact person)							
	Angela M. Ball, P.A.							
	(Firm/Company)							
	615 N. Jefferson St.							
615 N. Jefferson St. (Address)								
	Perry, FL 32347							
With Vatata and aim and a								
(City/state and zip code)								
For further inforn	nation concerning this matter, please call:							
Angela	at (850) 584-8960 (Area code & daytime telephone number)							
(N	ame 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 409 E. Gaines Street Tallahassee, FL 32399							

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

Pursuant to the prov statement of change	is submitted fo	or a corporation orga	anized under the	laws of the Sta	ate of Floa	rida
	, • •	istered office or regi	stered agent, or t Shell Sid	į	-	
1. The name of the c	corporation:					
2. The principal office	ce address:1	5616 Blue C	rab Drive	, Perry,	FL 323	48
3. The mailing addre	ess (if different	):				
					1000077	0.64
4. Date of incorpora	tion/qualificati	on: 5/13/04	Docume	nt number: PO	14000077	961
5. The name and stree Florida Department		he current registered	agent and regist	ered office on	file with the	
<u></u>	Oonald H.	. Fittje, Jr	•	· · · · · · · · · · · · · · · · · · ·		
	2956 Johr	nson Stripli	ng Road			
Ē	Perry, FI	32347			-	or SEC
6. The name and stre (if changed):	cet address of the	he new registered ag	ent (if changed)	and /or registe	red office	MOV 18 RETARY AHASSEL
	onald H.	. Fittje, Sr	•	<u>:</u>		S TO
1	15616 Blu	ıe Crab Driv	re		E COLOR	=======================================
		(P.O. Box NOT acceptab	ole)	3	<del></del> 5	52 Ti
_ F	Perry, FI	32348				
The street address of as changed will be i	of its registered identical.	l office and the stree	et address of the	business offic	ce of its regis	tered agent,
Such change was at authorized by the be	athorized by reo	esolution duly adopt reporation has been	ted by its board on the strike th	of directors or	by an officer ge.	r so
(Signature of	an officer or direct	& Dr.	Dor	ald t	ame and une	je,Sr.
I hereby accept the I further agree to co of my duties, and I a document is being f corporation has bee	appointment a omply with the am familiar wi filed merely to en notified in v	is registered agent of provisions of all still in and accept the or reflect a change in writing of this chang	and agree to act atutes relative to bligation of my f the registered o ge.	in this capaci the proper a position as reg ffice address,	ity nd complete p gistered agen I hereby conf	performance t. Or, if this irm that the
(Signatul	re of Registered Ag	Di Dr	11-	17-04 (Date)		
If signing on behalf	of an entity:	7		!		
(Typed	or Printed Name)					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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