## P04000120290

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PALL AHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: SHARP IMAGE CLEANING SERVICE INC. (Name of Corporation)
DOCUMENT NUMBER: P04000120290
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:
RAchel Hope Sharp (Name of Contact Person)
Sharp Cleaning service Inc. (Firm/Company)
13610 Fanshowe Rd. (Address)
Jacksonville, FL. 32246 (City/State and Zip Code)
For further information concerning this matter, please call:
Rachel H. Sharp at (904) 223-0266 (Name of Contact Person) at (Grea Code & Daytime Telephone Number)

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

Amendment Section

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

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

statement of char	nge is submitted for a c	orporation organized	607.1508, or 617.1508, Florida State I under the laws of the State of <u>FLC</u> I agent, or both, in the State of Flori	<u>ORIDA</u>		
1. The name of the	ne corporation: SHAR	P IMAGE CLEAN	ING SERVICE INC.			
2. The principal	office address: 13610	Fanshowe Rd.	Jacksonville Fl. 32246			
3. The mailing ac	Idress (if different):					
4. Date of incorp	oration/qualification: _	August 19, 2004	Document number: P0400012	0290		
5. The name and Florida Depart		nrent registered agen	t and registered office on file with the	ne		
	William S. Shar	o Jr		<u>_</u>		
13610 Fanshowe Rd.				06 FI		
Jacksonville, Fl. 32246			31.00 (3.00 (3.00)	FEB 24	الد	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			KY OF ST	4 PM 31	ILED	
	Rachel Hope S	harp		ATE	50	
	13610 Fanshov	we Rd.  D. Box NOT acceptable)		>		
	Jacksonville, F					
			dress of the business office of its re		. agent	,
Such change wa authorized by th	is authorized by resolute board, or the porport	tion duly adopted bation has been notifi	y its board of directors or by an off led in writing of the change.	ficer so		
U Gugnatu	rest an officer or dagetor)	<i>7</i> \	Printed or typed name and title)			
I hereby accept I further agree to of my duties, and document is being corporation has	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refle been notified in writi	gistered togent and a visions of all statute nd accept the obliga ect a change in the r ng of this change.	agree to act in this capacity s relative to the proper and comple tion of my position as registered a egistered office address, I hereby c	ete perfo gent, Oi confirm i	rmane r, if thi hat the	e s
Kack	el shar	P	02-17-06			
* (Sig	half of an artiture	/	(Date)			
it signing on be	half of an entity:					
	yped or Printed Name)	<del></del>				
	*	* * * FILING FEE:	: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)