004000173481

| | questor's Name) | |
|---|--------------------|-----------|
| (Re | questor s riarrie) | |
| (Ad | dress) | |
| <i>(</i> , 12 | u.000) | |
| (Ad | dress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| /Bu | siness Entity Nan | ne) |
| (Du | Silloss Endry Hair | 110) |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| Į | | |
| | | |
| | | |
| Manager and the second | | |
| | | |
| | | |

Office Use Only



800049999858

04/11/05--01008--004 **35.00

OS APR II AM 9: 44
SEGNETARY OF STATE

R.A. Charge C. Coulliste APR 1 8 2005

HIT THE SPOT PAINTING

INTERIOR EXTERIOR
CUSTOM PAINTING
1638 PINYON PINE DRIVE SARASOTA, FLORIDA 34240
PH 941 928 3356 FAX 941 341 9279

April 7, 2005

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir:

Re: Change of Registered Agent, Hit The Spot Painting, Inc., Doc P04000173481

Enclosed please find a change of registered agent form enclosed and our check in the amount of \$35.00 for the filing fee.

If there are any questions please call 941 321 8960

Sincerely,

CC: Jack Ruff

COVER LETTER

| TO: Amendment Section Division of Corporations | 1 |
|---|--------------|
| SUBJECT: Hit The Spot Painting, Inc. (Name of corporation) | , |
| DOCUMENT NUMBER: P04000173481 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi | ling. |
| Please return all correspondence concerning this matter to the following: | |
| Jack Ruff (Name of contact person) | - |
| Hit The Spot Painting, Inc. (Firm/Company) | |
| 12419 SW County Rd 769 (Address) | _ |
| Lake Suzy, FI 34269 (City/state and zip code) | |
| For further information concerning this matter, please call: | |
| Donald Spencer at (941) 321 8960 (Name of contact person) (Area code & daytime teleph | ione number) |
| Enclosed is a \$35.00 check made payable to the Department of State. | |
| Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations Division of Corporations | |

P.O. Box 6327 Tallahassee, FL 32314

409 E. Gaines Street Tallahassee, FL 32399

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

| statement of ch | change is submitted for a corporation organized under the laws of the State of Florida | <u></u> |
|--|---|-----------------------------------|
| | order to change its registered office or registered agent, or both, in the State of Florida. of the corporation: Hit The Spot Painting, Inc | |
| 2. The principa | pal office address: 2180 Sparrow Ct, Sarasota, Fl 34239 | |
| 3. The mailing | ng address (if different): | |
| 4. Date of incom | corporation/qualification: 12/30/2004 Document number: P04000173481 | |
| 5. The name an | and street address of the current registered agent and registered office on file with the epartment of State: | 05 APR |
| | Donald M. Spencer | = = |
| | 2180 Sparrow Ct | -MD |
| | Sarasota, Fl 34239 | if i6 |
| 6. The name an (if changed): | • | * |
| | Mr. Jack | |
| | 12419 Southwest County Rd 769, Lake Suzy, Fl 34269 | |
| | (P.O. Box NOT acceptable) | |
| _ | Idress of its registered office and the street address of the business office of its registered will be identical. | d agent, |
| Such change wanthorized by | was authorized by resolution duly adopted by its board of directors or by an officer so y the board, or the corporation has been notified in writing of the change. | |
| Rue & | Donald M. Spencer, Secretary | |
| I hereby accep I further agree of my duties, a document is be corporation ho | gratific of an officer or director) (Printed or typed name and title) rept the appointment as registered agent and agree to act in this capacity. ree to comply with the provisions of all statutes relative to the proper and complete performed and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs the proper and complete performs the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs and I am familiar with the provisions of all statutes relative to the proper and complete performs and I am familiar with the provisions of all statutes relative to the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and complete performs and I am familiar with and accept the obligation of my position as registered agent. Of the proper and I am familiar with and accept the obligation of my position as registered agent. Of the proper and I am familiar with a proper and | ormance r, if this that the |
| Jack Russ | behalf of an entity: F JACK W. RUFF (Typed or Printed Name) | |

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