## P05000003890

DIVISION OF CORPORATION.

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(Re	questor's Name)		
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(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	Village de la Company de la Co
(Bu	siness Entity Nan	ne)	_
(Do	cument Number)	<u></u>	-
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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RA Chg.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: FOUR STAR HOME SPECIALISTS, INC.				
(Name of corporation)				
DOCUMENT NUMBER: P05000003890				
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:				
ROBERT F. BROWNING				
(Name of contact person)				
FOUR STAR HOME SPECIALISTS, INC.				
(Firm/Company)				
17884 EAST COLONIAL DRIVE (Address)				
ORLANDO, FL 32820				
(City/state and zip code)				
For further information concerning this matter, please call:				
107 T. DOCULTUG				
ROBERT F. BROWNING at (407) 568-0878  (Name 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				

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

22, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ation organized under the laws of the State of FLORIDA
ce or registered agent, or both, in the State of Florida.
R STAR HOME SPECIALISTS, INC.
4 E. COLONIAL DRIVE
NDO, FL 32820
/05 Document number: P05000003890
egistered agent and registered office on file with the
DRIVE
S OT acceptable)
the street address of the business office of its registered agent,
aly adopted by its board of directors or by an officer so as been notified in writing of the change.
ROBERT F. BROWNING, PRESIDENT
(rmted or typed name and title) d agent and agree to act in this capacity, of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this tange in the registered office address, I hereby confirm that the tis change.
3-14-2005
(Date)

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