

POS000018197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

RAPPO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Architectural Foam Products, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000018197

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:

Catherine Cottle
(Name of Contact Person)

Architectural Foam Products, Inc.
(Firm/Company)

912 West Virginia Avenue
(Address)

Tampa, Florida 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

Catherine Cottle at (813) 204-9229
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Architectural Foam Products, Inc.
2. The principal office address: 912 West Virginia Ave. Tampa, Florida 33603
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/03/05 Document number: P05000018197
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Corporation Service Company

1201 Hayes Street

Tallahassee, Florida 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Catherine Cottle

912 West Virginia Ave.

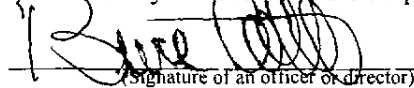
(P.O. Box NOT acceptable)

Tampa, Florida 33603

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TALLAHASSEE FLORIDA

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 an officer or director)

Bruce Cottle, President

(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 I am 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)

10-21-05
(Date)

If signing on behalf of an entity:

Catherine Cottle
(Typed or Printed Name)

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

8/10/100-247

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P00000116418

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daixiu Jiang

(Name of Contact Person)

Zero One Travel, Inc.

(Firm/Company)

7200 NW 2nd Ave, Unit 1

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

Daixiu Jiang

(Name of Contact Person)

at (561) 241-4283

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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