

P05000059556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

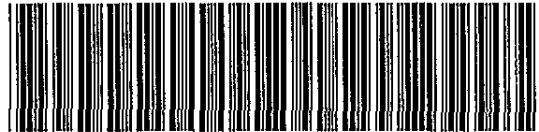
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800056243508

06/24/05--01021--007 \*\*35.00

FILED  
05 JUN 24 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

6mm JUN 27 2005

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All STATE STORM STOPPERS, INC  
(Name of corporation)

**DOCUMENT NUMBER:** POS000059556

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:

Shannon Dukes  
(Name of contact person)

All STATE STORM STOPPERS, INC  
(Firm/Company)

P.O. Box 493613  
(Address)

keesburg, FL 34749  
(City/state and zip code)

For further information concerning this matter, please call:

Shannon / Sonny Dukes at 352, 728 - 0855  
(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

**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: ALL STATE STORM STOPPERS, INC.  
2. The principal office address: P.O. Box 493613, Leesburg, FL 34749  
3. The mailing address (if different): same as above

4. Date of incorporation/qualification: 4/12/2005 Document number: P05000059586

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

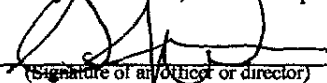
Sonny Dukes  
4248 Magnolia Avenue  
Leesburg FL 34749

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

Shannon Dukes  
4248 Magnolia Avenue  
(P.O. Box NOT acceptable)  
Leesburg, FL 34748

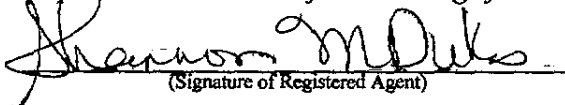
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

Sonny J. Dukes, 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)

6/19/2005  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

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

FILED  
05 JUN 24 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA