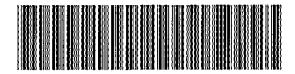
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECTION STATE SECTION AND STATE

COVER LETTER

| TO: | Amendment S Division of C | | |
|------------------------------------|------------------------------|--|---|
| | S&S G | Soffit Fascia & Gutters | Inc |
| SUBJI | ECT: GAG C | Soffit, Fascia & Gutters (Name of Co | rporation) |
| DOCU | MENT NUM | BER: P05000091965 | |
| | ľ | | Agent and fee are submitted for filing. |
| Please | return all corre | spondence concerning this matter | to the following: |
| | } | | |
| | M | chael D. Smith (Name of Con | tact Person) |
| | k | (riano di Con | ave 1 410/11/ |
| S&S Soffit, Fascia & Gutters, Inc. | | | |
| | l (| (Firm/Con | mpany) |
| | 136 | 524 Tamiami Trail #188 | · |
| | 100 | (Address | ess) |
| | | | |
| | Nor | th Port, FL 34287 (City/State and | 1 Zin Code) |
| For fur | ther information | n concerning this matter, please ca | · · |
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| Mike | | of Contact Person) | at (941) 628-3577 (Area Code & Daytime Telephone Number) |
| Englage | | hade made nevella to the Denoite | t of Stat- |
| Eliciose | ; ; | heck made payable to the Departn | nent of state. |
| | , | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | | Amendment Section Division of Corporations | Amendment Section Division of Corporations |
| | ſ | P.O. Box 6327 | Clifton Building |
| | ! | Taliahassec, FL 32314 | 2661 Executive Center Circle |
| | } | • | Tallahassee, FL 32301 |

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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this |
|---|---|
| | nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida. |
| | |
| 1. The name of t | he corporation: S&S Soffit, Fascia & Gutters, Inc |
| 2. The principal | office address: 13624 Tamiami Trail #188, North Port, FL 34287 |
| | |
| 3. The mailing a | ddress (if different): 13624 Tamiami Trail #188, North Port, FL 34287 |
| | |
| 4. Date of incorp | poration/qualification: June 28, 2005 Document number: P05000091965 |
| | street address of the current registered agent and registered office on file with the tment of State: |
| | Stacy Stevens |
| | 6277 Buckboard St. |
| | ST. Buditodia Gr. |
| | North Port, FL 34286 |
| 6. The name and (if changed): | Stacy Stevens 6277 Buckboard St. North Port, FL 34286 street address of the new registered agent (if changed) and /or registered office |
| | Michael D. Smith |
| | 13624 Tamiami Trail #188 |
| | (P.O. Box NOT acceptable) |
| | North Port, FL 34287 |
| The street addre | ss of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change was authorized by the | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. |
| M | Michael D. Smith, President |
| | e of an officer or director) (Printed or typed name and title) |
| l nereoy accept i I further agrée to | ine appointment as registered agent and agree to act in this capacity. g comply with the provisions of all statutes relative to the proper and complete performance |
| oj my aunes, and document is bein cornoration has | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this ig filed merely to reflect a change in the registered affice address, I hereby confirm that the been notified in writing of this change. |
| | peen notified in writing of this enunge. |
| MIL | 12-13-05 acture of Registered Agent) (Date) |
| If signing on beh | |
| es manne on och | mis VI dis visits. |
| <u> </u> | prod or Printed Name) |
| (0) | * * * PH INC PPP - \$25 00 * * * |

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