

P05000122108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

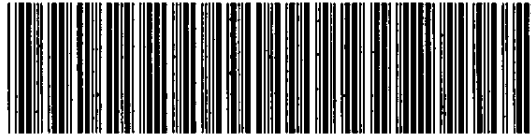
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Rochana  
9/17/08*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DUCT SQUAD, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P05000122108

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:

ELIYAHU OCHAYON

(Name of Contact Person)

DUCT SQUAD, INC.

(Firm/Company)

18901 NE 14TH AVENUE UNIT 203

(Address)

NORTH MIAMI BEACH, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIYAHU OCHAYON

(Name of Contact Person)

at ( 754 ) 366-9557

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2008

ELIYAHU OCHAYON  
18901 NE 14TH AVENUE UNIT 203  
NORTH MIAMI BEACH, FL 33179

SUBJECT: DUCT SQUAD, INC.  
Ref. Number: P05000122108

We have received your document for DUCT SQUAD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 308A00046617

9/8/09

my name - Ronon Buntorush  
my phone 954-921-4600 Ext 29

please accept this letter as a corrected form to change  
the registor agent.

Thank you.

**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: DUCT SQUAD, INC.
2. The principal office address: 5100 WASHINGTON STREET 514 , HOLLYWOOD FL 33021
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/02/2005 Document number: P0500012208

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

RACHEL COHEN  
5100 WASHINGTON STREET 514  
HOLLYWOOD FL 33021

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

ELIYAHU OCHAYON  
18901 NE 14TH AVENUE UNIT 203  
(P.O. Box NOT acceptable)  
NORTH MIAMI BEACH, FL 33179

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)

ELIYAHU OCHAYON  
(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.*



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

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