

PD5000146252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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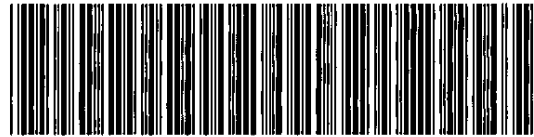
(Business Entity Name)

(Document Number)

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All Florida Firm, Inc.

813 DELTONA BLVD SUITE A

DELTONA, FL 32725

09/12/2007

To: Amendment Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Change of Registered Agent

All Florida Firm, Inc. is serving as the Registered Agent for the following companies. Enclosed is a check for the amount of \$1,045.00

Sincerely,

Devin Newman- Customer Service Manager

Phone: 386-575-1180 Ext. 103

Fax: 386-845-9231

Email: Devin@allfloridafirm.com

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TALLAHASSEE, FLORIDA

**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, 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 is: CASPER'S CABINETS, INC.
2. The principal office address: P.O. BOX 7043
NORTH PORT FL 34287
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 10/31/2005 Document Number: P05000146252
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CASWELL, RICHARD
P.O. BOX 7043
NORTH PORT FL 34287
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

**ALL FLORIDA FIRM, INC
813 Deltona Boulevard, Suite A
Deltona, FL 32725**

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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.


Signed by

Date: 8-27-07

Officer Name: CASWELL, RICHARD, Title: DIRECTOR

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.

 Date: 8/20/07

Signed by Devin Newman as assistant secretary of All Florida Firm Inc, Registered Agent
Reference #1051668

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

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

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