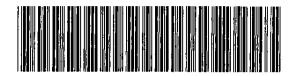
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(Red	questor's Name)	,	
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to F	iling Officer:	1	
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SECRETARY OF STATE

R.A. Change

TR 12-22-08

COVER LETTER

то:	Amendment Section Division of Corporations			
SUBJE	CT: CURT'S FENCING, INC. (Name of Corpora	tion) +		
DOCU	MENT NUMBER: P06000010761			
The enc	losed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the	following:		
CURTIS THOMSON				
	(Name of Contact P	erson)		
	CLIPT'S EENCIN	NG INC		
CURT'S FENCING, INC. (Firm/Company)				
5200 NORTH FEDERAL HWY, SUITE 2-1068 (Address)				
	(Address)			
FORT LAUDERDALE, FL 33308				
(City/State and Zip Code)				
For furtl	her information concerning this matter, please call:			
	CURTIS THOMSON at (954) 559-4535		
	(Name of Contact Person)	954) 559-4535 (Area Code & Daytime Telephone Number)		
Enclose	d is a \$35.00 check made payable to the Department of	of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of \underline{Fl} are to change its registered office or registered agent, or both, in the State of Florida	LORIDA		
1. The name of	the corporation: CURT'S FENCING, INC.			
2. The principal	office address: 5200 NORTH FEDERAL HWY, SUITE 2-1068			
FORT LA	JDERDALE, FL 33308	·		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 01/24/06 Document number: P060000)10761		
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
	JULIE M. THOMSON			
	700 NORTHEAST 4TH STREET	AS	200	
	POMPANO BEACH, FL 33060	ECRE LL AH	2008 DEC 17	-1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	TARY OF ASSEE.		
	<u>CURTIS THOMSON</u>	STV FLO	PM 4: 07	
	700 NORTHEAST 4TH STREET	PATE	07	
	(P.O. Box NOT acceptable)	- -		
	POMPANO BEACH, FL 33060			
as changed will		•		,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so		
(Signati	CURTIS THOMS (Printed or typed name and titl	ON_		
I hereby accept I further agree to of my duties, an doc ument is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete perf agent. C confirm	ormanc or if thi that the	e s
10/	12-12-08			
(Sig	gnature of Registered Agent) (Date)			
If signing on be	half of an entity:			
n	N/A 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 CR2E045 (8/05)