

PO60000014950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

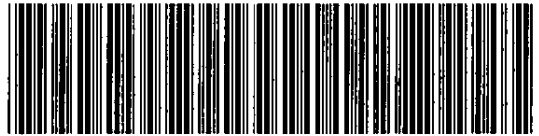
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100171470661

03/10/10--01016--019 **35.00

RA No chg

FILED
10 MAR 10 AM 11:36
CLERK OF COURT
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, 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: HINOTES SEAMLESS GUTTERS, INC..
2. The principal office address: 507 SW 19TH LANE CAPE CORAL FL 33991
3. The mailing address (if different): 507 SW 19TH LANE CAPE CORAL FL 33991
4. Date of incorporation/qualification: 01/31/2006 Document number: P06000014950
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


HINOTE, ROBERT
507 SW 19TH LANE
CAPE CORAL FL 33991


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 BLVD STE A
DELTONA, FL 32725**

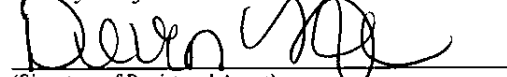
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)


(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)

February 12, 2010
(Date)

If signing on behalf of an entity:

Devin Newman
(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 1195586

FILED
10 MAR 10 AM 11:36
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE