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R.A. Charge

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: King's Caston Coatings, Inc Name or Cofporation			
DOCUMENT NUMBER: P0600032710			
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:			
Matthew To 16 ert Name of Contact Person			
Lung's Coston Cantings, Fuc.			
580 Thanes sherwin Are. 5			
Lehizh Acres FL 33974 City/State and Zip Code			
Kings Custom Coating & Dyshoa. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Matthew Tolbert at (239, 707-1636 Name of Contact Person 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			

CR2E045 (8/05)

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: King's Custom Cogtings, Tuc.
1. The name of the corporation: King's Custom Castings, tuc. 2. The principal office address: 580 Thomas Sharwin Ave.
Lehigh Acres, FC 33974
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/6/06 Document number: P06000032710
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
The Company Corporation
1201 Hays ST.
1201 Hays ST. Tallahassee, El 37301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Matthew Tolkert
580 Thomas Shaper Ave. 5 P.O. Box NOT acceptable P.O. Box NOT acceptable
Lough Acres, FL 33974 PR = 17
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.
Matthew Toller or director Matthew Toller or large 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 8/11/0 9 Date
If signing on behalf of an entity:
Typed or Printed Name

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