## PO(2000)43280

(Requestor's Name)			
(Address)			
(Address)			
<b>,</b>			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

Ps 11/14/06

## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: Immaculate Improvements, Inc (Name of Corpo	oration)		
DOCU	MENT NUMBER: P06000043280			
The en	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to t	he following:		
	Luke J McCarthy			
(Name of Contact Person)				
Immaculate Improvements, Inc				
(Firm/Company)				
10615 Navigation Drive				
(Address)				
	Riverview, FI, 33569			
(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:			
Luke J	(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	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

Pursuant to the	provisions of sections 607.0502, 617.05	02, 607.1508, or 617.1508, Florida Statutes, this
-		mized under the laws of the State of Florida
in orde	er to change its registered office or regis	stered agent, or both, in the State of Florida.
1. The name of	the corporation: Immaculate Improveme	ents, Inc
2. The principal	office address: 5344 Watson Road, Riv	verview, FL 33569
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: March 2006	Document number: P06000043280
	d street address of the current registered rtment of State:	agent and registered office on file with the
	5344 Watson Road, Riverview,	FL 33569
		<del></del>
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office
	10615 Navigation Drive	tet address of the business office of its registered agent,
	Riverview, FI, 33569	OV I OF COLOR
	(P.O. Box NOT acceptable	le)
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
( Te	MICO	LINE THECCAPTRY, PRESDENT + GENERAL MONAGET
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent a to comply with the provisions of all sta and I am familiar with and accept the ol ing filed merely to reflect a change in t s been notified in writing of this chang	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the
(Si	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
	Typed or Printed Name)	

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