

P06000044056

(Requestor's Name)

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(City/State/Zip/Phone #)

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✓ **TO:** Amendment Section
Division of Corporations

SUBJECT: FLORIDA FINEST HOME INSPECTION, CORP
(Name of Corporation)

DOCUMENT NUMBER: P06000044056

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:

NELLY T. ARROYO
(Name of Contact Person)

FLORIDA FINEST HOME INSPECTION, CORP
(Firm/Company)

8829 W. BROAD STREET
(Address)

TAMPA, FLORIDA 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

NELLY T. ARROYO at (813) 299 - 0847
(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

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