P06000044056

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

RO Change 01/22/07

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	CCT: FLORIDA FINEST HOME INSPECTION, CORP
	(Name of Corporation)
DOCU	MENT NUMBER: P06000044056
The en	closed 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
	8829 W. BROAD STREET
	(Address)
	TAMPA, FLORIDA 33615
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
NELL	Y T. ARROYO (Name of Contact Person) at (813) 299 - 0847 (Area Code & Daytime Telephone Number
	(Name of Contact Person) (Area Code & Daytime Telephone Number
Enclos	ed 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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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 Sta	-		
÷	statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring		<u> </u>	•
	The name of the corporation: FLORIDA FINEST HOME INSPECTION, CORP			
	2. The principal office address: 8829 W. BROAD STREET TAMPA, FLORIDA 33615			
	2. The principal office address. Gozd VV. Divorto CTAZZT TAWN VI, 1 ZOTADA GOCTO			
	3. The mailing address (if different):			
	4. Date of incorporation/qualification: MARCH 28, 2006 Document number: P0600004	14056		
	5. The name and street address of the current registered agent and registered office on file with Florida Department of State:	the		
	NELLY T. ARROYO			
	1814 SW 100TH AVENUE MIAMI, FLORIDA 33165	IAI S		
	(OLD ADDRESS)	ECRE:	JAL 71	Facial 2
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	TARY OF	16 P	
	NELLY T. ARROYO	FST	PH 4:	
	8829 W. BROAD STREET	ATE RIDA	42	•
	(P.O. Box NOT acceptable) TAMPA, FLORIDA 33615			
	The street address of its registered office and the street address of the business office of its ras changed will be identical.	egistere	d agen	t,
, .	Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	ficer so		
	(Signature of an officer or director) (Signature of an officer or director) (Priviled or typed name and title	RRI	NZ)
	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 comply of my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	lete perf igent. C confirm	orman Or, if th that th	ce iis ie
σ	Melly J. Melly 1/10/07 (Signature of Registered Agent) (Date)	·		
	If signing on behalf of an entity:			
	(Typed or Printed Name)			

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