## P06000050093

(Requestor's Name)				
(Address)				
(Add and				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP: WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900110693189

10/22/07 -01045--001 \*\*35.00

SECRETARY OF STATE

APPROVED AND FILED

RA Change

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJ	ECT:		NTING INC	2		
		(Name of C	Corporation)			
DOC	UMENT NUMBE	R:P0600	0050093			
The er	nclosed Statement of	of Change of Registered Office	e/Agent and f	ee are submitted for filing.		
		ndence concerning this matte	-	J		
	•	0				
RAMIREZ, LIBIA PATRICIA						
(Name of Contact Person)						
JAYDI PAINTING INC						
		(Firm/C	ompany)			
4255 W. HUMPREY STREET APT 4011						
(Address)						
		(City/State a	FL 33614			
For further information concerning this matter, please call:						
i oi iui	the information ex	meerining mis maker, please	zan.			
		LIBIA PATRICIA	at (_813	732-1500 Code & Daytime Telephone Number)		
	(Name of	Contact Person)	(Area C	Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 chec	k made payable to the Depar	ment of State.			
	D P	Aailing Address: Amendment Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314	Am Div Cli 266	eet Address: nendment Section Vision of Corporations fton Building 51 Executive Center Circle lahassee, FL 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 inge is submitted for a corporation organized or to change its registered office or registered	under the laws of the State of FLORIDA			
	the corporation: JAYDI PAINTING INC	agent, or both, in the state of Prortaa.			
		T ADT 4044 TAMPA EL 22644	<del></del>		
2. The principal	office address: 4255 W. HUMPREY STREE	1 APT 4011, TAMPA PL 33014			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 04-07-2006	_ Document number: P06000050093			
	d street address of the current registered agent them the of State:	and registered office on file with the			
	RAMIREZ, LIBIA PATRICIA				
	4255 W. HUMPREY STREET APT	Г 4011, TAMPA FL 33614	SECRET		
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office				
	RODRIGUEZ, DIEGO F		4 8: 29 F STATE FLORID		
	4255 W. HUMPREY STREET APT 4011, TAMPA FL 33614 (P.O. Box NOT acceptable)				
_	ess of its registered office and the street add be identical.				
Such change wanthorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notified	its board of directors or by an officer so ed in writing of the change.	)		
pibia	Fatricia Tamurla	RAMIREZ, LIBIA PATRICIA (Printed or typed name and title)			
, -	the appointment as registered agent and agent to comply with the provisions of all statutes and I am familiar with and accept the obligating filed merely to reflect a change in the resolution of this change.	· · · · · · · · · · · · · · · · · · ·	formance Or, if this n that the		
Misia	Tatricia Lamirez	10-17-07			
/ (Si	gnature of Registered Agent)	(Date)			
If signing on be	chalf of an entity:				
	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

CR2E045 (8/05)

AFFROYE