P06000084462

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	> #)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2007

LORENA PINEDA AFFORDABLE DRAINS, INC. 113 ORQUHART ST LAKE WORTH, FL 33461

SUBJECT: AFFORDABLE DRAINS, INC.

Ref. Number: P06000084462

We have received your document for AFFORDABLE DRAINS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Jessie Lipscomb must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 707A00025292

07 HAY -1 AH 8: 00

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Name of Corporation) DOCUMENT NUMBER: PD 60000 84462 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: LOVERA PROJECT Person) Affordable Days, Inc. (Firm/Company) 13 Urgunart St (Address) City/State and Zip Code) For further information concerning this matter, please call: ONE Proposed Statement of Change of Registered Office/Agent and fee are submitted for filing. (Name of Contact Person) Affordable Days Agent and fee are submitted for filing. (Firm/Company) 13 Urgunart St (Address) 14 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) 15 (Area Code & Daytime Telephone Number)	TO: Amendment Section Division of Corporations
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: LOVENA Neda (Name of Contact Person)	SUBJECT: Affordable Dains, INC. (Name of Corporation)
Please return all correspondence concerning this matter to the following: LOVENA Predation (Name of Contact Person) Affordable Drains, Inc. (Firm/Company) 113 UV quhart St (Address) Lake Worth, Ft 3346/ (City/State and Zip Code) For further information concerning this matter, please call:	DOCUMENT NUMBER: PD 6000084462
Name of Contact Person) Affordable Drains, Inc. (Firm/Company) 13 Urgunart St (Address) Lake Worth Ft 3346/ (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Affordable Drains, Inc. (Firm/Company) 13 Urgunart St (Address) Lake Worth, Ft 3346/ (City/State and Zip Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
City/State and Zip Code) For further information concerning this matter, please call:	A 00 h
(City/State and Zip Code) For further information concerning this matter, please call:	113 Urgunart St (Address)
	Lake Worth, FL 3346/ (City/State and Zip Code)
(Name of Contact Person) at (561) 856-8546 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	(Name of Contact Person) at (561) 85e-8546 (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

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

statement of change is subm	of sections 607.0502, 617.0502, 60 nitted for a corporation organized its registered office or registered o	under the laws of the State of _	Mixida
1. The name of the corporat	ion: Affordable 1	Diains Inc.	
2. The principal office addre	ess: 113 Organar	t St FL 334101	
3. The mailing address (if di	fferent): - Same	as above -	
4. Date of incorporation/qua	lification: 4 15 00	Document number: Px6	000084462
	ess of the current registered agent	and registered office on file wit	th the
	rena Pineda		_
113	Urachart St		_
la	ke worth, Fr	33461	07 SEC TALL
(if changed):	ess of the new registered agent (if	changed) and /or registered offi	FILI -I ARY SSEI
	3 Vigobart St (P.O. Box NOT acceptable) Ke Worth, Fr	33461	PM 4: 22 OF STATE FLORIDA
The street address of its reg as changed will be identical	istered office and the street addr l.	ess of the business office of its	s registered agent,
(Signature of in officer	ment as registered agent and ag	(Printed or typed name and t	R President
document is being filed met corporation has been notifi	ith the provisions of all statutes liar with and accept the obligation of the regret with an accept the obligation of the regret writing of this change.	in of my position as registered existered office address, I hereby	y confirm that the
If signing on behalf of an el	ntity:) (Saury	

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