

PO6 000087215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Innovative Restoration Solutions, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000087215

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Sileo
(Name of Person)

Innovative Restoration Solutions, Inc.
(Name of Firm/Company)

4250 Alafaya Trail, Suite 212-Box 352
(Address)

Oviedo, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Sileo at (407) 446-2539
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Innovative Restoration Solutions, Inc.
2. The principal office address: 4250 Alafaya Trail, Suite 212 - Box 356
Oviedo, FL 32765
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/27/06 Document number: P06000087215

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Linda M. Hester
12858 Hawk Crest PL
Jacksonville, FL 32258

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Erik V. Bradley
724 Bridgeway Blvd.
(P.O. Box NOT acceptable)
Orlando, FL 32828

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Erik V. Bradley - President
(Printed or typed name and title)

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

12/04/06
(Date)

If signing on behalf 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)