## P06000108337

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



900109177239

09/19/07--01012--011 \*\*35.00

SECRETARY OF STATE ASSESSED AS

Office Use Only

TB 9/25

P A alaman

## **COVER LETTER**

Division of Corporations					
SUBJECT: Get Shep Furniture Repair, Inc. (Name of Corporation)					
DOCUMENT NUMBER: P06000108337					
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:					
Daniel W. Shepherdson (Name of Contact Person)					
Get Shep Furniture Repair, Inc. (Firm/Company)					
1008 Wentworth Ct. (Address)					
(Addr	ess)				
Longwood, FL 32750 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Tot future morniation concerning uns matter, please of	αιι.				
Daniel W. Shepherdson (Name of Contact Person)	at (407) 574-9915 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

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

statement of cha	nge is submitted for a corporation (	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Flori registered agent, or both, in the State of Flori	rida
1. The name of t	he corporation: Get Shep Furniture	e Repair, Inc.	
	office address: 1008 Wentworth Ct		<u>, , ,</u>
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: Aug 21, 200	Document number: P060001083	337
	street address of the current registerment of State:	ered agent and registered office on file with the	ne
	United States Corporation A	gents, Inc.	7 2
	1111 Lincoln Rd. Suite 400	)	SEC!
	Miami Beach, FL 33139		FILE 2001 SEP 19 P SECRETARY C
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	EG R
	Daniel W. Shepherdson		1: 49 STATE FLORIB
	1008 Wentworth Ct.		,
	(P.O. Box NOT acceptable)		
	Longwood, FL 32750		
The street address changed will	ss of its registered office and the sbe identical.	street address of the business office of its re	gistered agent,
Such change we authorized by the	s authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change.	icer so
Samuel W. Shepherdson - President (Printed or typed name and title)		sident	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comple he obligation of my position as registered ag e in the registered office address, I hereby c hange.	ete performance gent. Or, if this onfirm that the
Suid State 9-15-2007 (Signature of Registered Agent) (Date)			
(Sig	mature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
(1)	yped or Printed Name)		

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