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COVER LETTER

SUBJECT: Classic Design & Fabrication, Inc., (Name of Corporation) DOCUMENT NUMBER: Polobol 13727 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: Classic Design & Fabrication, Inc.	TO: Amendment Section Division of Corporations
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Jen Jer Miller (Name of Contact Person)	SUBJECT: Classic Design & Labrication, Inc. (Name of Corporation)
Please return all correspondence concerning this matter to the following: Jennifer Miller (Name of Contact Person)	DOCUMENT NUMBER: P06000113727
Jennifer Miller (Name of Contact Person) Classic Design & Fabrication, Inc. (Firm/Company) 920 SW 2nd PL (Address) Pompano Beach, FL, 33069 (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.
Classic Design & Fabrication, Inc. (Firm/Company) 920 SW 2nd PL (Address) Pompany Beach, FL, 33069 (City/State and Zip/Code) For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
Panpana Beach, 71, 33069 (City/State and Zip'Code) For further information concerning this matter, please call:	Jennifer Miller (Name of Contact Person)
Pompano Beach, 71, 33069 (City/State and Zip'Code) For further information concerning this matter, please call:	Classic Design & tabrication, Inc.
For further information concerning this matter, please call:	920 SW 2 nd PL (Address)
· · · · · · · · · · · · · · · · · · ·	Pompano Beach, 7L, 33069 (City/State and Zip'Code)
Jennifer Miller at (954) 861-2472 (Name of Contact Person) (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
(Audit Code & Daytine Telephone Number)	(Name of Contact Person) at (954) 861-2472 (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

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 in order to change its registered office or registered agent, or both, in the State of Florida.	<u>L</u>
1. The name of the corporation: Classic Design & Labrication.	Inc.
2. The principal office address: 920 SW 25 PL	
Pompano Beach, 7L 33069	
3. The mailing address (if different):	···
4. Date of incorporation/qualification: 09/2006 Document number: Pole 000113	37
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Tami Gayikian, ESQ.	
200 Southeast 6th St.	
Suite 102 Ft. Lauderdale, FL 33301	STATES STATES
m~	3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Summadi 1
Jennifer Miller	-
Classic Design a tabrication, Inc.	
920 SW 2rd PL, Hompano Beach, 7L 33	1069
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, for the corporation has been notified in writing of the change.	
Michael Krasten - President of an object of director) Michael Krasten - President of typed name and title)	<u>si</u> dent
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 perform of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, is document is being filed merely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change.	iance f this it the
(Signature of Registered Agent) 10/01/07	·
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)