PD6000131595

(Requestor's Name)				
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	☐ WAIT	<u></u>		
(Business Entity Name)				
(Document Number)				
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SEGRETARY OF STATE.
TAKE AHASSEE, FLORID

RA chs.

COVER LETTER

NT (Name of Corporation)				
95				
stered Office/Agent and fee are submitted for filing.				
g this matter to the following:				
J				
QUEIROGA ANSELMO				
(Name of Contact Person)				
SD HOME IMPROVMENT				
(Firm/Company)				
9257 SW 40 ST (Address)				
(/100/000)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
at (305) 772-1939				
(Area Code & Daytime Telephone Number)				
the Department of State.				
on Amendment Section orations Division of Corporations Clifton Building 22314 2661 Executive Center Circle Tallahassee, FL 32301				

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

		9502, 607.1508, or 617.1508, Florida Si ganized under the laws of the State of <u> </u> f			
•		gistered agent, or both, in the State of Fl			
1. The name of the corporation: SD HOME IMPROVEMENT INC					
2. The principal MIAMI FL 3	office address: 9257 SW 40 ST 3165				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 9/20/2006	Document number: P060001	21595		
	street address of the current registere tment of State:	d agent and registered office on file with	n the		
	QUEIROGA ANSELMO				
	9257 SW 40 ST				
	MIAMI FL 33165		福高町		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	CIPRIAN SILFREDO				
	9257 SW 40 ST				
	(P.O. Box NOT accepted MIAMI FL 33165	able)	7		
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	registered agent,		
Such change was authorized by the	as authorized by resolution duly adopte board, or the corporation has been	pted by its board of directors or by an on ontified in writing of the change.	officer so		
(Signin	ure of an officer or director)	QUEIROGA ANSELMO (Printed or typed name and ti	ile)		
Hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in s been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered n the registered office address, I hereb nge.	plete performance I agent. Or, if this y confirm that the		
	Melo Cinia	11/10/2006			
	Mature of Registered Agent) half of an entity:	(Date)			
CIPRIAN SIL	FREDO				
V.	36				

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