P01000022430

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



RA Ch8



000106895600

08/06/07--01041--022 **35.00

07 AUG -6 AM 9: 45



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CHANGE OF REGISTERED AGENT
(Name of Corporation)

DOCUMENT NUMBER: P07000022630

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:

ELIAS E. PRATES

(Name of Contact Person)

MOREIRA PRATES HOME IMPROVEMENT, INC.

(Firm/Company)

315 OAK ROSE LANE APT 201

(Address)

TAMPA FL 33612 US

(City/State and Zip Code)

For further information concerning this matter, please call:

ELIAS E. PRATES

at (201

349-8504

(Name of Contact Person)

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 cha	inge is submitted for a corporation	organiz	607.1508, or 617.1508, Florida Statut ed under the laws of the State of <u>FLO</u> ed agent, or both, in the State of Florid	RIDA
1. The name of t	he corporation: MOREIRA PRA	TES H	OME IMPROVEMENT, INC.	
2. The principal	office address: 315 OAK ROSE	LANE	APT 201 TAMPA FL 33612 US	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/19/200)7	Document number: P07000022	630
	street address of the current regist tment of State:	cred age	nt and registered office on file with the	
	WESLEY S. MOREIRA			
	315 OAK ROSE LANE	APT	201	
	TAMPA FL 33612 US			9
6. The name and (if changed):	street address of the new registere	d agent ((if changed) and /or registered office	SECRETARY OF AUG -6
	ELIAS E. PRATES			-6 TREE
	315 OAK ROSE LANE		201	H STA
	(P.O. Box NOT acc	ceptable)		# 45
The street addre	ess of its registered office and the	street ad	dress of the business office of its regi	stered agent,
-			by its board of directors or by an office it is writing of the change.	
13 crails	estarle giretin		ELIAS E. PRATES (Printed or typed name and title)	
I hereby accept I further agree to of my duties document is being corporation has	the appointment as registered ago o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang been notified in writing of this ch	ent and a ll statute he obliga e in the i hange.	• • • • • • • • • • • • • • • • • • • •	performance nt. Or, if this nfirm that the
(Sig	nature of Registered Agent)		(Date)	
If signing on bel	half of an entity:			
(T)	yped or Printed Name)			

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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