P07000024454

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
•		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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SECRETARY OF STATE
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PA Change - 07 05-23-07

COVER LETTER

TO:	Amendment Section Division of Corporations				
	•				
SUBJI	SUBJECT: NZM QUALITY HOME REPAIRS INC.				
(Name of Corporation)					
DOCU	MENT NUMBER: P07000024454				
The en	closed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the	following:			
	NOEL GONZALEZ				
	(Name of Contact Pe	erson)			
NZM QUALITY HOME REPAIRS INC.					
	(Firm/Company)			
6200 SW 127th PLACE					
(Address)					
		•			
	BELLEVIEW, FLORIDA 3				
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
	NOEL GONZALEZ at (352 347 4757			
	(Name of Contact Person) (352 347 4757 Area Code & Daytime Telephone Number)			
Enclos	ed is a \$35.00 check made payable to the Department of	f State.			
	M. W All Ive				
	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			
		Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor inge is submitted for a corporation organized under the laws of the State ir to change its registered office or registered agent, or both, in the State	e of FLORIDA		
1. The name of t	the corporation: NZM QUALITY HOME REPAIRS INC.			
	office address: 6200 SE 127th PLACE BELLEVIEW FL 34420			
3. The mailing a	ddress (if different): 6200 SE 127th PLACE BELLEVIEW FL 34420			
4. Date of incorp	poration/qualification: 02/22/2007 Document number: P07	000024454		
	street address of the current registered agent and registered office on filtment of State:	le with the .		
	ZUYLEN GONZALEZ	•		
	6200 SE 127th PLACE			
	BELLEVIEW, FL 34420			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registere	SE CRET	07 HAY	
	NOEL GONZALEZ	ARY SSE	7	
	6200 SE 127th PLACE	E G	PH	
	(P.O. Box NOT acceptable)	STA LOR	1:2	U
	BELLEVIEW, FL 34420	57.	-	
The street address as changed will	ess of its registered office and the street address of the business office be identical.	of its register	ed age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change	y an officer so	5	
Signer	Proof an officer or director) Noel Gor (Printed or typed name)	12ale	۷.	_
I hereby accept I further agree to of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity o comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as regisng filed merely to reflect a change in the registered office address, I been notified in writing of this change.	·	forme Or, if n that	ince this the
(Sign	S - 15 - (Date)	07.		
If signing on bel	half of an entity:			
2UVLE	n Gonzalez.			
	yped or Printed Name)			

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