Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone Fax Number : (850)222-1173 : (850)224-1640

REGISTERED AGENT CHANGE

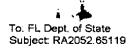
FAUX BELLA FINISHES, INC.

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

03/08/2007 10:13:05 AM



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

statement of ch	provisions of sections 607.0502. 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered ugent, or both, in the State of Florida.	
	the corporation: Faux Bella Finishes, Inc.	
2. The principal office address: 4512 Andrew Jackson Way, Tallahassee, FL 32303		
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification; 03-01-2007 Document number: P07000027145	
	d street address of the current registered agent and registered office on file with the runent of State:	
	Teresa J Rogers	
	4512 Andrew Jackson Way	
	Tallahassee, FL 32303	
6. The name and (if changed):	of street address of the new registered agent (if changed) and for registered office	
	CorpDirect Agents, Inc.	
	515 East Park Avenue	
	(P.O. Box NOT acceptable) Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent,	
Deve	as authorized by resolution duly adopted by its board of directors or by an officer so he board of the change. Teresa J. Rogers, Pres. We at any officer or director director of directors or by an officer so When the change of the change.	
I hereby accept I further agree of my duties, ar document is be corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
_walky	gradure of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
Cristal Harr	is - Assistant Secretary 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