

P07000065282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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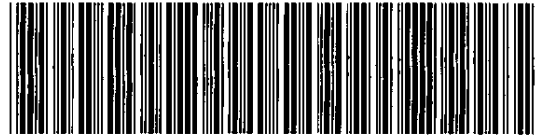
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPREHENSIVE INSTALLATIONS INC
Name of Corporation

DOCUMENT NUMBER: P 07000065282

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:

RECEIVED
2009 AUG -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHN E WALEGA JR

Name of Contact Person

Firm/Company

357-41 AVE

Address

ST PETE BEACH FL 33706

City/State and Zip Code

PBRCOPPER@AOL

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN E WALEGA JR

Name of Contact Person

at (727) 360-4754

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2009

JOHN E. WALEGA, JR.
COMPREHENSIVE INSTALLATIONS, INC.
357 41 AVENUE
ST. PETERSBURG BEACH, FL 33706


SUBJECT: COMPREHENSIVE INSTALLATIONS, INC.
Ref. Number: P07000065282

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 509A00027054


Pd CHECK # 3890
8/11/09

RECEIVED
2009 AUG 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMPREHENSIVE INSTALLATIONS INC
2. The principal office address: 357 - 41 AV
ST PETE Bch FL 33706
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/1/2007 Document number: P07000065282

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JOHN E WALEGA JR
7901 - SEMINOLE BLVD #1205
SEMINOLE FL 33772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN E WALEGA JR
357 - 41 AVE
P.O. Box NOT acceptable
ST PETE Bch FL 33706

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

JOHN E WALEGA JR
Printed or typed name and title

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7/31/09
Date

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)