P07000120076

(Re	questor's Name)			
(Ad	ldress)			
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(Business Entity Name)				
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SECRETARY OF STATE FALL AHASSEE, FLORID.

R.A. Charge SEP 3 0 2008

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: HIM, Home Improvement and Maint (Name of Corp.)	tenance, Inc.			
DOCUMENT NUMBER: P07000120076				
The enclosed Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Carlos J. Maysonet	· David			
(Name of Contac	et Person)			
HIM, Home Improvement and Maintenance, Inc. (Firm/Company)				
PO Box 421708 (Address	s)			
Kissimmee, FL 34742 (City/State and Z	Lip Code)			
For further information concerning this matter, please call:				
Carlos J. Maysonet (Name of Contact Person)	at (407) 791-5256 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department	nt 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			

TO:

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the Sta	ate of Florida
1. The name of t	the corporation: HIM, Home Improvement	nt and Maintenance, Inc.	1 1000
2. The principal	office address: 1218 Bermuda Lakes La	ane, 207, Kissimmee, FL 347	'41
3. The mailing a	ddress (if different): PO Box 421708, K	(issimmee FL 34742	
4. Date of incorp	poration/qualification: 11/2/2007	Document number: P(07000120076
	d street address of the current registered a treent of State:	agent and registered office on	file with the
	Carlos J. Maysonet		
	1229 Bermuda Lakes Lane, 20	03	SEI SEI
	Kissimmee, FL 34741		SEP CRET
6. The name and (if changed):	I street address of the new registered age		BOSEP 24 PH 3: 3: ECRETARY OF STATELAHASSEE, FLORI
	Kissimmee, FL 34741 (P.O. Box NOT acceptable	p)	AJE RIDA
The street addre	ess of its registered office and the street be identical.	t address of the business offi	ce of its registered agent,
	as authorized by resolution duly adopte the board, or the corporation has been no		
Signatu I hereby accept	ure of an officer of director) the appointment as registered agent as	Carlos J. Maysonet, Property (Printed or typed in agree to act in this capac	name and title)
I further agree of my duties, an document is bei corporation has	the appointment as registered agent at to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change		ind complete performance gistered agent. Or, if this I hereby confirm that the
10	1/28	9/15/08	
If signing on be	gnature of Registered Agent) chalf of an entity:	(Date)	
(*	Typed or Printed Name)	-	

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