P08000021795

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COVER LETTER

PO: Amendment Section Division of Corporations
SUBJECT: Capital Office furniture Inc Name of Corporation
DOCUMENT NUMBER: 108000021795
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:
Scott Person
Firm/Company
2698 S. Orange Blossem trail
Oklando LL 32805 City/State and Zip Code
Scott @ OLi furni ture - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Vachon Name of Contact Person at (321) 377-8089 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



121 South Orange Avenue | Suite 1500 | Orlando, Florida 32801 | Tel (407) 392-2324 | Fax (866) 516-9824

August 2, 2011

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Capital Office Furniture, Inc. DOCUMENT NUMBER: P08000021795

Dear Administrator:

A Board of Directors meeting was held on August 2, 2011. During the meeting a motion was made and seconded, changing the registered agent from Angela D. Vachon to Scott R. Vachon and removing Angela D. Vachon as President.

A "Statement of Change of Registered Office or Registered Agent or Both For Corporations," a copy of the minutes, and a check in the amount of \$70.00 is enclosed. The removal of Angela Vachon can be found in the minutes of the Board of Directors meeting. Mrs. Vachon was removed due to her incapacity, as she is a drug addict and is now residing in a drug rehabilitative center.

Should you have any questions, please do not hesitate to contact Scott Vachon at 321-377-8084.

Sincerely,

Anna E. Meddin, Esq.

Encl.

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 FUMDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Capital office Lornitore INC.
2. The principal office address: 2698 S. OBT
Oblando S'C 32805
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-28-08 Document number: Po80000 2179
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)
Angela Vachon
2698 S. OB+
ORlando PC 32805 PG T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2698 S- OS+
ORlando P.O. Box NOT acceptable 32805
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 of an officer or director Scott Relactor 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.
LIKC 7-2-11
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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