

P080000040898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

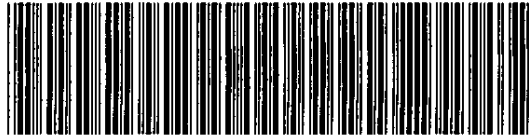
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Conveys document  
by telephone can  
TR 4/8/08

Office Use Only



400148522774

04/06/09--01029--024 \*\*35.00

PO chy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 APR -6 AM 11:50

APR 08 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Quality Painting, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000040898

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:

Jamie Lynn Cothren  
(Name of Contact Person)

All Quality Painting, Inc.  
(Firm/Company)

4610 Astral Street  
(Address)

Jacksonville, Florida 32205  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jamie Lynn Cothren at ( 904 ) 588-5303  
(Name of Contact Person) (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

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

1. The name of the corporation: All Quality Painting, Inc.
2. The principal office address: 4610 Astral Street  
Jacksonville, FL 32205
3. The mailing address (if different): PO box 60833  
Jacksonville, FL 32236
4. Date of incorporation/qualification: 4/22/2008 Document number: P08000040898
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)

Jamie Cothren Owner  
5348 Appleton Avenue  
Jacksonville, Florida 32210

FILED STATE  
SECRETARY OF CORPORATIONS  
09 APR -6 AM 11:51

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

Jamie Cothren Owner  
4610 Astral Street  
(P.O. Box NOT acceptable)  
Jacksonville, Florida 32205

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.

Jamie Cothren  
(Signature of an officer or director)

Jamie Cothren/President  
(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.*

same  
(Signature of Registered Agent)

4-6-09  
(Date)

If signing on behalf of an entity:

Jamie Cothren  
(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)