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To:

Division of Corporations

3867886040

Fax Number

: (850)617-6380

From:

Account Name

: RONALD CUTLER Account Number : I20000000005

Phone

: (386)788-4480

Fax Number

: (386)788-6040

REGISTERED AGENT CHANGE

ZIPPY CLEAN-N-SHIELD, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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*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 Statut statement of change is submitted for a corporation organized under the laws of the State of FLO in order to change its registered office or registered agent, or both, in the State of Florid	RIDA		
1. The name of the corporation: ZIPPY CLEAN-N-SHIELD, INC.			
2. The principal office address: 6495 JUSTIN CT.		· · · · · · · · · · · · · · · · · · ·	
PORT ORANGE, FL 32128			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 10/30/2008 Document number: P08000098	3035		
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)	2	4	•
RONALD CUTLER)	r->	
1172 Pelican Bay Drive	11K	AON BIREZ	. p.= 1
Daytona Beach, Fl. 32119		=	4044 224
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		0 MH 11:	1 mm
DENA R BLACK	35		772
6495 JUSTIN CT. (P.O. Box NOT acceptable)	\$5.00 N	29	
PORT ORANGE, FL 32128			
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	icer so		
(Signature of an object or director) DENAR BLACK (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 complet of my duties, and I am familiar with and accept the obligation of my position as registered age document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te perfoi jent. Or onfirm ti	rmance ; if this hat the	
Deva Black NOVEMBER 8, 200 (Signature of Registered Agent) (Date)	8		
If signing on behalf of an entity:			
DENA R BLACK (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 323	14		

CR2E045 (8/05)

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