## P08000098285

	·	
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		·
·	•	
	-	
<u> </u>		

Office Use Only



400156498544

06/01/09--01019--010 \*\*35.00

Z009 JUN - I AM IO: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.
TB 6/3/09

## **COVER LETTER**

**Amendment Section** 

TO:

Division of Corporations		
SUBJECT: Design Solutions and Installation, I		
DOCUMENT NUMBER: PO 8000098285		
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:		
Gene O'Baker Name of Contact Person		
O'Baker and Company		
aaso Lucien Way, Suite 120 Address		
Maitland, TL 32751 City/State and Zip Code		
gene © obaker. net  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at ( 407 ) 3 3 9 - 1210  Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:  Amendment Section  Street Address:  Amendment Section		

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Design Solutions and Installation, Inc.  2. The principal office address: 1441 Valley Pine Circle, Apopka, Fl 32712
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/03/08 Document number: P080000 98285
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)
Duignan, Trevor R
375 taouslas Ave - 6+ 1007 篇章  Altamonte Springs, F1 32714 器
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GenedBaker/O'Baker and Company
P.O. Box NOT acceptable  Maitland, Fl 32751-7014
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 another or director  Vicky White Director  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  5-24-09  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 \* \* \*