

P08000105417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

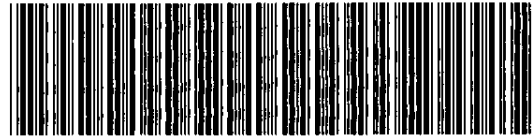
(Business Entity Name)

(Document Number)

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SECTION 7 OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 20 PM 2:53

FILED

5-28-11

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WATERPROOFING USA OF FLORIDA CORP  
Name of Corporation

DOCUMENT NUMBER: P08000105417

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:

CEVON BEDASSEE  
Name of Contact Person

WATERPROOFING USA OF FLORIDA CORP  
Firm/Company

217 YARMOUTH RD  
Address

FERN PARK FLORIDA 32730  
City/State and Zip Code

WATERPROOFINGUSALIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CEVON BEDASSEE at (954) 347 2451  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WATERPROOFING USA OF FLORIDA
2. The principal office address: 217 YARMOUTH RD  
FERN PARK FL 32730
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/02/2008 Document number: PO800010547
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)

CEYON BEDASSEE  
217 YARMOUTH RD  
FERN PARK FL 32730

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

DONOVAN BEDASSEE  
217 YARMOUTH RD  
FERN PARK FL 32730

P.O. Box NOT acceptable

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.

Ceyon Bedassee

Signature of an officer or director

CEYON BEDASSEE

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.*

Donovan Bedassee

Signature of Registered Agent

05-18-2011

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

FILED  
11 MAY 20 PM 2:53  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE