P08000107497

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Decument Mussilian)		
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE, FI DRID

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EXAMINER

COVER LETTER

Division of Corporations	
t s	Walling to the second of the s
SUBJECT: Trovillion Renovations, Inc. (Name of C	Corporation)
DOCUMENT NUMBER: P08000107497	
The enclosed Statement of Change of Registered Office	ee/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Douglas F	Paul Trovillion
(Name of Co	entact Person)
Trovillion R	enovations, Inc.
(rance	Onipany)
	Creek Avenue
(Add	lress)
Orlando, FL 32803 (City/State and Zip Code)	
` •	• /
For further information concerning this matter, please	call:
Karen Malloy	at (407) 895-9200
(Name of Contact Person)	at (407) 895-9200 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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: <u>Trovillion Renovations</u> , Inc.
2. The principal office address: 426 Fern Creek Avenue
Orlando, FL 32803
3. The mailing address (if different): P O Box 1420
Winter Park, FL 32790
4. Date of incorporation/qualification: 12/10/2008 Document number: P08000107497
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)
Joy P. Ewertz, ESQ.
_
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Douglas Paul Trovillion
426 Fern Creek Avenue
(P.O. Box NOT acceptable)
Orlando, FL 32803
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.
Righature of an officer or director) DOCLAS P TROVILLION (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) (Date)
If signing on behalf of an entity:
Taxas P. Tronum (Typed or Printed Name)

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