## P09000028500

(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:	

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIO

R.A.



## COVER LETTER

TO:	Amendment Section Division of Corporations	:						
SUBJECT:		Accent Frami	ng, Inc.					
		Name of Co	rporation					
DOC	UMENT NUMBER:	P090	00028500					
The er	nclosed Statement of Chang	ge of Registered Office	Agent and fee are submitted for	or filing.				
Please	return all correspondence	concerning this matter	to the following:					
		Alvin L. Pete	rs, Esquire					
		Name of Con	tact Person	-				
		Alvin L. Pe	ters, P.A.					
	<del></del>	Firm/Co	npany	<del></del>				
		25 East 81	h Street					
		Addr		<del>_</del>				
		Panama City	. FL 32401					
	Panama City, FL 32401 City/State and Zip Code							
	E-mail addre	ess: (to be used for fu	ture annual report notification	<del>201</del>				
	2 1111111111111111111111111111111111111	oss. (to be asked for the	tare amian report nontream	<i>,</i>				
For fu	rther information concerning	ng this matter, please ca	all:					
	Alvin L. Peters,	Fsquire		/60_7825				
<del></del>	Name of Contact		at ( <u>850</u> ) 7 Area Code & Daytime To	elephone Number				
Enclos	sed is a \$35.00 check made	payable to the Departr						
		Address: nent Section	Street Address: Amendment Section					
		of Corporations	Division of Corpora	itions				
	P.O. Bo		Clifton Building	-4 Ci1				
	i aiiahas	ssee, FL 32314	2661 Executive Cer Tallahassee, FL 323					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	107.1508, or 617.1508, Floi I under the laws of the State I agent, or both, in the State	e of Florida	
	he corporation: Accet		<u> </u>		
2. The principal	office address: 2519 E	ast 37th Plaza			
Panama C	ity, Florida 32405				
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification:	3/27/2009	Document number:	P09000028500	
	street address of the cu tment of State: (If resign		t and registered office on fi	le with the	
	Resigned				
				7009 TAL	
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registere	789 NOV -2	
	David A. May				
	2519 East 37th Pla	aza		MII: 80	
		P.O. Box NOT acc	æptable	ROSE SO	
	Panama City, Flori	da 32405			
as changed will	be identical.		lress of the business office		
Such change wa authorized by th	is authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	vits board of directors or led in writing of the change	oy an officer so e.	
Signatur	e of an officer or director	· · · · · · · · · · · · · · · · · · ·	Printed or typed name	and title	
I further agree t of my duties, an docu <u>m</u> ent is bei	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	isions of all statutes d accept the obliga ct a change in the re	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	v. d complete performance stered agent. Or, if this hereby confirm that the	
Warrist a. May 09/21/2009					
•	half of an entity:		Date		
Ту	David A. May				

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