P09000073127

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
WHY AHASSEE, FLORIE

RA. Change C.COULLIETTE

MAR 1 0 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Advanced Dool & Patio In C.
DOCUMENT NUMBER: 09 0000 73127
DOCUMENT NUMBER: YOU OOO 73127
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:
Renée Miles
Name of Contact Person
Quanced Dool + Partio, Inc.
960 NW 484 Auc.
Address City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Contact Person
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
1. The name of the corporation: 1. The name of the corporation: 1. The name of the corporation:
2. The principal office address: 160 NW 48 HUL. COCONUT Ch., Fl. 33063
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 3 200 Document number: 10900073127
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)
brian Miles
960 NW 484 Aug
Cocourt ch, 41. 33063 ==
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
100 my 18th Acce. Po Box NOT Appelable 33063
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 an officer of 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 divides, 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 Algent 3 5 10
If signing on behalf of an entity:

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

Typed or Printed Name