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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Restoration Inc (Name of Corporation)
DOCUMENT NUMBER: <u>P09000102349</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Kahanin Roni Ziv (Name of Person)
RZ Restoration Inc (Name of Firm/Company)
2750 183 st Apt # 1608 (Address)
Aventura FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Roni Ziu at (959) 557-5938 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## $\boldsymbol{\zeta}$ 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 FL
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RZ Restoration, Inc
2. The principal office address: 2750 183 st Apt # 1608  Aventury, FL 33160
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-23-09 Document number: P09000102349
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)
Roni Ziv
2750 183st #1608 Py 5
Aventura, FL 33160
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Rahamim Roni Ziv
2750 183 St # 1608 P.O. Box NOT acceptable
Aventura FL 33160
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 or director  Rahania Roni Ziv  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:
Typed or Printed Name

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