PIUUU 6 9682

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SECRETARY OF STAFF

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Prestige Home Watch	Services Inc
SUBJECT: Prestige nome vvatch Name of Corp	poration
DOCUMENT NUMBER: P10000 6	9682
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Christopher Name of Conta	· Villani
Name of Conta	ct Person
Prestige Home Water	ch Services, Inc.
Firm/Com	pany
P.O. Box 1	11575
Addres	S
Naples, FL	34108
City/State and 2	Zip Code
A	h @ araail aa aa
Aprestigehomewatc E-mail address: (to be used for futu	
12 mail address. (to be used for fate	are annual report normeation)
For further information concerning this matter, please call	:
Christopher Villani	at (239) 514-4893
Name of Contact Person	at (239) 514-4893 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301
	rananassee, i'l 32301

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

• •

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Prestige Home Watch Services, Inc.	
2. The principal	office address: 23150 Fashion Dr. 232	
	Estero, FL 33928	
3. The mailing a	ddress (if different): P.O. Box 111575	
Naples	s, FL 34108	
4. Date of incom	poration/qualification: 8 – 24 – $20/0$ Document number: PI 00000 69685	ζ
	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)	
	Lenka Mccaa - Resigned	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Christopher Villani	Ţ
	23150 Fashion Dr. 232 P.O. Box NOT acceptable	ب. در
	P.O. Box NOT acceptable	
	Estero, FL 33928	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
I havabu accent	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the position of this change.	
Sig	nature of Registered Agent Date	
If signing on be	half of an entity:	
Ty	yped 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)