P11000030142

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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DIVISION OF CORPORAL BHS

RAROCOS 1004-20.11

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: PRO HOME REMODE ING. Name of Corporation			
DOCUMENT NUMBER: 110000 30142			
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:			
CHRISTOPHER PERRY Name of Contact Person			
PRO HOME REMODELING INC.			
13385 PARK BLVD.			
SEMINOLE FL 33776 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: CHRIS PERRY 437-3001			
CHRIS PERRY Name of Contact Person at (127) 637-300 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

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: PRO HOME REMODELING INC.
2. The principal office address: 13385 PARK BOULEVARD
DEMINONE, FL 33776
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/27/2011 Document number: P1/0000 30 14-2
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)
CHRISTOPHER PERRY
13385 PARK BOULEVARD
SEMINOLE, FL 33776 = 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
SHAYNE DAVID JACKSON 39
ST. PETERS BURLL, FL 33709
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.
Symmetre or an object or director Charles to 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.
Shape V. Jack APRIL 13, 2011 Signapure of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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