

P12000060917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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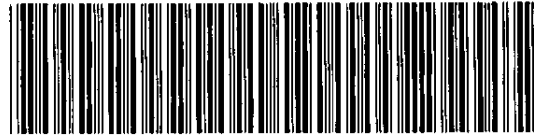
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FMW Restoration Inc.  
Name of Corporation

DOCUMENT NUMBER: P12000060917

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:

Brad Coleman  
Name of Contact Person

FMW Restoration Inc  
Firm/Company

P.O. Box 5691  
Address

Lighthouse Point, FL 33074  
City/State and Zip Code

colemanb2@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Coleman at ( 954 ) 624-6349  
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 Florida and in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMW Restoration Inc.
2. The principal office address: P.O. Box 5691 Lighthouse Point, FL 33074
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2-11-12 Document number: P12000060917
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)

SPiegel & Utrera P.A.  
1840 SW 22nd St. 4<sup>th</sup> Floor  
Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brad Coleman  
2430 N.E. 48<sup>th</sup> Ct.  
P.O. Box NOT acceptable  
Lighthouse Point, FL 33064

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.

Brad Coleman President  
Signature of an officer or director

Brad Coleman President  
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.

Brad Coleman  
Signature of Registered Agent

6-17-15  
Date

If signing on behalf of an entity:

Brad Coleman  
Typed or Printed Name

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