## P13 0000 68892

(Reque	estor's Name)	
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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations	
SUBJECT: Florida drywall & Sprayinc	
DOCUMENT NUMBER: P 13000068 892	
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:	
Wanda Ramos Name of Contact Person  Florida drywall & Spray Inc.  Firm/Company  3453 Florential St  Address  De Itoma Fl 32.738  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wanda Ramos at 407, 310 - 5977  Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact reison Area Code & Daytine 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

TO: Amendment Section

## - 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Florida drywall & Spray Inc.  2. The principal office address: 3453 Florentine St
1. The name of the corporation: $\frac{1}{10000000000000000000000000000000000$
2. The principal office address: 3+33 1 101 ENCIPE 3
Deltona Fl 32738
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/19/2013 Document number: P130006886
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)
Wanda Ramos
Ramon Ramos
A S
6. The name and street address of the new registered agent (if changed) and /or registered officer (if changed):
(if changed): Nomar J. Ramos
3453 Florentine St
P.O. Box NOT acceptable
Deltona F1 32738
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.
Wanda Ramos President Signature of an officer or director  Wanda Ramos 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.
Mmu Rane 6 ()4/19 Signature of Registered Agent Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Nonar J. Kamos Typed or Printed Name

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

MAKE CHECKS DAVARIE TO BLORIDA DEPARTMENT OF STATE