P93000002640

(Red	questor's Name)			
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(City/State/Zip/Phone #)				
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(Doc	cument Number)			
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COVER LETTER

TO: Amendme Division o	ent Section of Corporations					
SUBJECT:	ARNOLD BUILD Name of Co					
DOCUMENT NU	JMBER: P930	000002640				
The enclosed State	ement of Change of Registered Office	e/Agent and fee are submitted for filing.				
Please return all co	orrespondence concerning this matter	to the following:				
	MARY A V					
ARNOLD BUILDERS CORP						
	Firm/Co	ompany				
	1950 SW PALM CITY ROAD, APT 1-306					
	Add	ress				
	STUART FL City/State ar	34994-4315				
	Ony, bank a	a Lip Code				
	mecaseyw@	gmail.com				
	E-mail address: (to be used for fi	uture annual report notification)				
For further inform	nation concerning this matter, please o	eall:				
N	MARY A WHITTEN	at (772) 223-0572				
Na	ame of Contact Person	at (772) 223-0572 Area Code & Daytime Telephone Number				
Enclosed is a \$35.	00 check made payable to the Depart	ment 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:

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 in order to change its registered office or registered agent, or both, in the State	e of FLC	ORIDA		•
The name of the corporation: ARNOLD BUILDERS CORP The principal office address: 1950 SW PALM CITY ROAD, APT 1-306, ST	TUART	FL 34	994-	4315
3. The mailing address (if different):				
4. Date of incorporation/qualification: 01/04/1993 Document number:	P93	00000	2640	
5. The name and street address of the current registered agent and registered office on fi Florida Department of State: (If resigned, enter resigned) MARY A WHITTEN	le with th	ne		
6030 SE MARTINIQUE DRIVE, #104				
STUART FL 34997-4714		Do.	<u>_</u>	
6. The name and street address of the new registered agent (if changed) and /or registere (if changed):	nd office	THE HAY I	MA III NAL O	
1950 SW PALM CITY ROAD, APT 1-306		3	ώ ώ	
P.O. Box NOT acceptable			27	- Killian
STUART FL 34994-4315				
The street address of its registered office and the street address of the business office as changed will be identical.	of its re	egistere	d agen	ıt,
Such change was authorized by resolution duly adopted by its board of directors or lauthorized by the board, or the corporation has been notified in writing of the change	by an off e.	ficer so		
MARY A WHITTEN Signature of an officer or director MARY A WHITTEN Printed or typed name	1, PRE	SIDEN	1T	-
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 of my duties, and I am familiar with and accept the obligation of my position as region document is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.	v. d comple istered as hereby c	ete perf gent. C confirm	orman r, if th that th	ce is ie
Signature of Registered Agent JANUARY	<u>7, 2010</u>)		-
If signing on behalf of an entity:				
MARY A WHITTEN Typed or Printed Name				

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