P93000025397

Law Offices of John L. Di Masi, P.A. 801 N. Orange Avenue, Suite 500 Orlando, Florida 32801	_			
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute Change is submitted for a corporation organized under the laws of the State of Floric	da	
in ord	rder to change its registered office or registered agent, or both, in the State of Florida	I.	
	of the corporation: Orlando Painting Company Inc.	<u></u>	
2. The principa	pal office address: 1740 Brumley Road, Chuluota, FL 32766		
3. The mailing	g address (if different): Same		
4. Date of inco	orporation/qualification: 04/05/1993 Document number: P9300	002539	7
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)		įŧ
	Patrick Trevison	送二	<u> </u>
	1740 Brumley Road		Ē
	Chuluota, FL 32766	2	,
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office ?	55 S	%
	Law Offices of John L. Di Masi, P.A.		
	801 N. Orange Avenue, Suite 500		
	P.O. Box NOT acceptable		
	Orlando, FL 32801		
The street addr	lress of its registered office and the street address of the business office of its registil be identical.	stered age	nt,
Such change wanthorized by	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	T SO	
Jaff	Patrick Trevison, Preside	ent	-
/ • •	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agen eing filed merely to reflect a change in the registered office address, I hereby conj as been notified in writing of this change.	performa it. Or, if t firm that t	ice his he
\ <u> </u>	10/5/11		
•	ignature of Registered Agelia Date		
	pehalf of an entity:		
	Typed 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
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