

P93000080311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

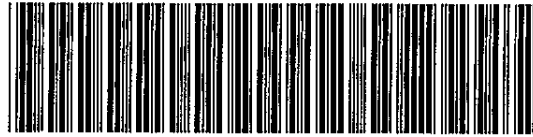
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400054258934

RA
T. Lewis

FILED
05 MAY 27 PM 2 20
FILING OFFICE

05/12/05--01027--018 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restoration Services
(Name of corporation)

DOCUMENT NUMBER: P93000080311

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:

D Troy Payne
(Name of contact person)

Restoration Services
(Firm/Company)

P O Box 15489
(Address)

St Petersburg FL 33733
(City/state and zip code)

For further information concerning this matter, please call:

D Troy Payne at (727) 823-3956
(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 20, 2005

D. TROY PAYNE
RESTORATION SERVICES
P. O. BOX 15489
ST. PETERSBURG, FL 33733

SUBJECT: RESTORATION & INTERIORS, INC
Ref. Number: P93000080311

We have received your document for RESTORATION & INTERIORS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 605A00036461

05 MAY 27 AM 8:00
DIVISION OF CORPORATIONS

**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: Restoration & Interiors, INC
2. The principal office address: 1950 1st Ave N
St Petersburg FL 33713
3. The mailing address (if different): P.O. Box 15489
St Petersburg FL 33733
4. Date of incorporation/qualification: _____ Document number: P93000080311
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Payne D T Jr
850 RAPAE LINE
SAINT PETERSBURG, FL 33704

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

DAVID FLOURNOY
1943 Central Ave
(P.O. Box NOT acceptable)
St Petersburg FL 33713

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.

X David Flournoy DAVID FLOURNOY
(Signature of an officer or director) (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.

David Flournoy 5/7/05
(Signature of Registered Agent) (Date)

If signing on behalf 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

FILED
05 MAY 27 PM 2:20
TALLAHASSEE, FLORIDA