P94000032965

| (Req | uestor's Name) | |
|-----------------------------------------|------------------|-------------|
| (Add | ress) | |
| (0.1.1 | | |
| (Add | ress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL. |
| (Bus | iness Entity Nar | me) |
| () | All male and | |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |





000187267860

11/12/10--01046--006 **35.00

2010 NOV 12 PM 4: 02
SECRETARY OF STATE
TALLAHASSEF, FI OBIO

R.A.

NOV 16 2010

COVER LETTER

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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 Floridge |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Carl M. Freimath Dry Wall, Inc. |
| 2. The principal office address: 8467 NE 444h Dr. |
| wildwood, Fl. 34785 |
| 3. The mailing address (if different): $S9me$ |
| 4. Date of incorporation/qualification: 5-1-94 Document number: P9400003296 |
| 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) |
| Daniel: J Wade Es E |
| Daniel: J Wade 5591-F E. Silver Sprmas Blod. TI |
| Ocala FL 34470 SSERY 20 E |
| 6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered a |
| 8467 NE 444h Dr. |
| WII A WOOD FL 34785 |
| 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. |
| Carl M. Fremath Signature of an officer or director Carl M. Freinuth Pres. 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. |
| Carl M. French 11-9-10 Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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