

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : ENGLANDER & FISCHER, P.A.
Account Number : I20070000052
Phone : (727) 898-7210
Fax Number : (727) 898-7218

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ONE STOP KITCHENS & BATH, INC.

Certificate of Status	0
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@ 8.14.08

Electronic Filing Menu

Corporate Filing Menu

Help

H08000194923 3

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ONE STOP KITCHENS & BATH, INC.
2. The principal office address: 2599-22ND AVE NORTH ST. PETERSBURG FL 33713 US
3. The mailing address (if different): 2599 B 22ND AVE N ST. PETERSBURG FL 33713 US
4. Date of incorporation/qualification: 09/06/1996 Document number: P96000074304
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

WERNER, SIDNEY 5720 CENTRAL AVE ST. PETERSBURG FL 33707 US

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

Sidney Werner, 721 First Avenue North

St. Petersburg, FL 33701 US

(P.O. Box NOT acceptable)

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.


(Signature of an officer or director)

GREGORY C. MEANA, 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.


(Signature of Registered Agent)

8/13/08

(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
CR2E045 (8/05)

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