## P9700003545

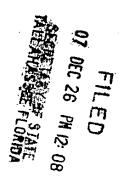
| (Req                       | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Addı                      | ress)           |             |
| (Addi                      | ress)           |             |
| (City/                     | State/Zip/Phone | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nar | ne)         |
| (Doc                       | ument Number)   |             |
| Certified Copies           | Certificates    | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |

Office Use Only



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12/26/07--01017--009 \*\*35.00





## **COVER LETTER**

| Division of Corporations   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| SUBJECT: DONE RIGHT INVESTIGATION & RECOVERY, INC.  (Name of Corporation)                        |  |  |  |  |  |  |
| DOCUMENT NUMBER: P 97000023545   |  |  |  |  |  |  |
| 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:                        |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Carol P. Smith   |  |  |  |  |  |  |
| (Name of Contact Person)   |  |  |  |  |  |  |
| D Di la Turretination & Decement Inc.  |  |  |  |  |  |  |
| Done Right Investigation & Recovery, Inc.  (Firm/Company)  |  |  |  |  |  |  |
| (I interesting)  |  |  |  |  |  |  |
| 3208 E. Colonial Drive, #101   |  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Orlando, FL 32803  |  |  |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |  |  |
| For further information concerning this matter, please call:                                     |  |  |  |  |  |  |
| Carol P. Smith at (321) 303-4385 (Name of Contact Person) (Area Code & Daytime Telephone Number) |  |  |  |  |  |  |
| (Name of Contact Person) (Area Code & Daytime Telephone Number)                                  |  |  |  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                             |  |  |  |  |  |  |
| Mailing Address: Street Address:   |  |  |  |  |  |  |
| Amendment Section Amendment Section  Division of Corporations  Division of Corporations          |  |  |  |  |  |  |
| Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building                 |  |  |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle   |  |  |  |  |  |  |

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| _  | ovisions of sections 607.0502, 61<br>e is submitted for a corporation   |  |                        |                                    |
|--|---|--|------------------------|------------------------------------|
| in order to  | change its registered office or   | registered agent, or both, in the  | State of Florida.      | <b>~</b>                           |
| 1. The name of the   | corporation: Done (   | ight Investigati   | on & Kecov             | fery, Inc.                         |
| 2. The principal off   | 7000 B 0-1  | lonial Drive, #101   |                        | 7                                  |
| 3. The mailing add   | ress (if different):(same)  |  |                        |                                    |
| 4. Date of incorpora   | ation/qualification: 03/10/9  | Document number:   | P 970000235            | 45                                 |
|  | reet address of the current regista   |  |                        |                                    |
| _  | Smith, Sam M.,  | III  |                        |                                    |
|  | 5415 Lake Howel   | 11 Road, Suite 181   |                        |                                    |
|  | Winter Park, FI   | L 32792  |                        |                                    |
| <ol> <li>The name and str<br/>(if changed):</li> </ol>   | Carol P. Smith  |  | stered office          | D RN 12: 08                        |
|  | 3208 F. Colonial<br>(P.O. Box NOT acc   | The state of the s |                        | * *                                |
|  | Orlando, FL 328   | 803  |                        |                                    |
| The street address of as changed will be   | of its registered office and the sidentical.  | street address of the business o   | ffice of its registere | d agent,                           |
| _  | uthorized by resolution duly adoard, or the corporation has be  |  |                        |                                    |
| . (lon   | Con officer or director)  | Carol  | 1 PSmith -1            | <u>President</u>                   |
| I hereby accept the I harther agree to co of my duties, and I document is being to corporation has been also with the corporation with the cor | appointment as registered age omply with the provisions of all am familiar with and accept the filed merely to reflect a change en notified in writing of this change the second | ent and agree to act in this capell statutes relative to the proper to obligation of my position as in the registered office addressange.  | acitu                  | ormance<br>or, if this<br>that the |
| (Signatu   | re of Registered Agent)  Tof an entity:   | (Dat   | 20)                    |                                    |
| (Typed   | or Printed Name)  |  |                        |                                    |

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