## 79800009588

DIVERSIFIED REMODELING, INC. 111 N. ATLANTIC AVENUE NEW SMYRNA BEACH, FL. 32169 (904) 427-7085

November 5, 1999

500003038365--2 -11/08/99--01113--001 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Divison of Corporation P.O. Box 6327 Tallahassee, FL. 32314 500003038365--2 -11/08/99--01113--002 \*\*\*\*\*\*8.75 \*\*\*\*\*\*8.75

To whom it may concern:

I, Tom Moreno President of Diversified Remodeling Inc. FERTH 59 31 am requesting a Current Certificate of Good Standing. Enclosed is my check for \$8.75.

FEIN# 59-3489889

Sincerely,

Tom Moreno

99 NOV -8 PM 5: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIC

299 NO

## 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, the undersigned corporation organized under the laws of the State of
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Description Remodeling one.
2. The mailing address of the corporation is: 111 North Atlantic Que.  Now Amyrma Beach, Fla. 32169
3. Date of incorporation/qualification: 1/3/7/98 Document number: 198000095-89
4. The name and address of the current registered agent and office:
7750 AIA Low the Christ 171
St. Augustine, FL. 32086 PG 8
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Diane B. Moreno
111 Nott aforte de
Now America Boach El 32160
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.
(Signature of an officer, chairman or vice chairman of the board) (Date)
THOMAS J. Morevo, Resident
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
1)10re B 1/1-1Rens 11/4/90
(Signature of Registered Agoni) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35 00 * * *
CR2E045(7/97)
DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE FY 32214

P.O. Box 6327

TALLAHASSEE, FL 32314