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(Requestor's Name) (Address) (Address)	900056198399
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	06/17/0501011002 **35.00
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COVER LETTER

TO: Amendment Section Division of Corporations

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 SUBJECT:
 Residential Drywall, Inc.

 (Name of corporation)

DOCUMENT NUMBER:

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:

Andrea M. Fair, Esquire (Name of contact person)

Wetherington, Hamilton, Harrison & Fair, P.A. (Firm/Company)

> 400 North Tampa Street, Suite 2625 (Address)

Tampa, Florida 33602 (City/state and zip code)

For further information concerning this matter, please call:

Andrea M. Fair, Esquireat (_____813_)225-1918(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

CR2E045(6/04)

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

1. The name of the corporation: Residential Drywall, Inc.

2. The principal of	office address: 9237 Lazy Lane

Tampa, Florida 33614

3. The mailing address (if different): P.O. Box 273449

Tampa, Florida 33688

4. Date of incorporation/qualification: 8/26/98 Document number: P98 000074453

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lawrence E. Fuentes, Esquire

1407 West Busch Boulevard

Tampa, Florida 33612

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

Andrea M. Fair, Esquire

400 North Tampa Street, Suite 2625

(P.O. Box NOT acceptable)

Tampa, Florida 33602

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.

Walles	Michael C. Mobley, Director		N	Π
(Signature of an officer or director)	(Printed or typed name and	d 🖬 🕸 e) 🗧 👘	-	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the obli- document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity, ites relative to the proper and co gation of my position as register e registered office address, I her	mplete f ed agen eby conf	nerfor SOr,	in ance if his at the
(Signature of Registered Agent)	June 4, 2005 (Date)	>	<u> </u>	

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