Apr-27-2001 08:52pm From- 3054718142

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90256 048 ***150.00

DOCUMENT # P99000001993

1. Entity Name
Complete Home Repair + Remodeling, Inc

Principal Place of Business	Mailing Address
~~18459 Pines Blvd #228 P. Pines, FL 33029~~	~~18459 Pines Blvd #228~~ P. Pines, FL 33029

0068696

2. Principal Place of Business	3. Mailing Address
8362 Pines Blvd	8362 Pines Blvd
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33024 Country USA	Zip 33024 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0884612 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Miller, Randall A. 18459 Pines Blvd, #228 P. Pines, FL 33029~~	Name: Miller, Randall A. Street Address (P.O. Box Number is Not Acceptable): 8362 Pines Blvd # 304 City: Pembroke Pines FL Zip Code 33024

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X [signature] Randall A. Miller, Pres DATE 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Miller, Randall A 18459 Pines Blvd #228 P. Pines, FL 33029 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Miller, Randall A. 8362 Pines Blvd #304 Pembroke Pines, FL 33024 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Randall A. Miller Pres. 4/27/01 954-684-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #