199000 35372

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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TO: Amendment Section Division of Corporations
SUBJECT: Fix It Shop and Rentals, Inc. Name of Corporation
DOCUMENT NUMBER: P9900035372
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:
William Michael Ruzidea II Name of Contact Person
Fixit Shop Firm/Company
3112 N Davis 1-1wy.
Pensacola Fl 32503 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ruzicka at (804) 543 - 9640 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

tatement of cha	nge is submitted	for a corpor	ation org	anized under	8, or 617.1508, F the laws of the Si or both, in the St	tate of Flori	
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. The principal	office address:_	3112	И	Davis	Huy	31503	
3. The mailing a	ddress (if differe						
I. Date of incorp	oration/qualification	ation: <u>4/18</u>	5/199	9 Doci	ment number:	99000	035372
	street address o tment of State: (gistered office or	ı file with the	
	3112	N Do	zvis	Hwu	(name	; Keith	D. Luns
	Pensaco				· .		
	3250	•					
6. The name and (if changed):					ed) and /or regist	ered office	
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	"Same	_ 0.0		NOT acceptable			8 7
			F.O. BOX	101 acceptance			129
The street addre	ess of its register	red office an	d the stre	et address of	the business off	ice of its regist	ere agent.
					ard of directors or riting of the cha		
authorized by th	e board, or the	corporation	has been	notified in w	riting of the cha	nge. ⊅⇒	\$ 6
ŭ	e of an officer or dire				Printed or typed n		
furthér agrée t of my duties, an locument is beil	o cominly with t	the provision with and act to reflect a c	is of all si cept the o change in	atutes relative bligation of the registere	act in this capac we to the proper of my position as re ad office address	and complete n	erformance . Or, if this rm that the
Mulas	June	In		/	0-24-2	010	
•	hature of Registered /	_		· · · - · ·	Date		
I signing on be	half of an entity	': _					
MINONOCI	yped or Printed Name	irca	···				

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