585582

(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
, (Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	<u> </u>
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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: ORCHID ISLAND HOME MAINTENANCE Systems INC. Name of Corporation
DOCUMENT NUMBER: S 85582
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:
SHARON L. COWAN Name of Contact Person
ORCHID ISLAND HOME MAINTENANCE Systems, INC Firm/Company
2125 82nd AVESW Address
VIERE BEACH, FL 32968 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHARON L. COWAN at (772) 573-7320 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: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ORCHID ISLAND HOME MAINTENANCE Systems, In 2. The principal office address: 2125 82712 AVESW. UERO BEACH FL. 32968
3. The mailing address (if different):
4. Date of incorporation/qualification: 10-07-1991 Document number: 585582
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
STEPHEN NAVARETTA
8000 S. FLEDERAL HWY
6. The name and street address of the new registered agent (if changed) and /or registered office
(if all am and).
SHARON L. COWAN = RPS
2125 8 and Ave SW
P.O. Box NOT acceptable VERO BEACH FL 32968
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.
Sharn Lawar SHARON L. COWAN
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. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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