

F03000001895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

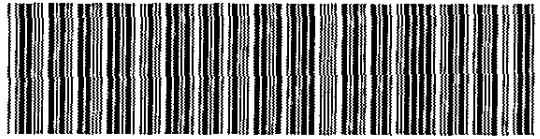
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



400108809344

08/31/07--01020--014 **35.00

RECEIVED
07 AUG 31 PM 12:59
TALLAHASSEE, FLORIDA

FILED
07 AUG 31 PM 1:09
TALLAHASSEE, FLORIDA

RO chs.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hamlin Roofing Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000001895

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:

Kevin S Trim
(Name of Contact Person)

Professional Licensure Services Inc.
(Firm/Company)

2104 Delta Way, Suite One
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin S. Trim at (850) 514-2194
(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

