M0200000953

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u></u>					

Office Use Only



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SECRETARY OF STATE ALLAHASSEF, FLORID,

W0701

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Robbins Sport Floors-South Flori	da, LLC of Limited Liability Company)	ı		
•		1 77			
Dear Sir or M	Лаdam:				
The enclosed	Registered Agent/Registered	d Office Change and fee(s) are submitted for fili	ng.		
Please return	all correspondence concerning	ng this matter to the following:			
Debra E. Aldre	d, RP				
	(Name of Person)				
Graydon Head	-				
	(Firm/Company)				
1900 Fifth Thir	rd Center, 511 Walnut Street	TAL.	200		
	(Address)	L C		Delt 723	
Cincinnati, OH	45202	ASSE	2007 JAN -2	-	
	(City/State and Zip Code)		AH II		
For further in	formation concerning this ma	atter, please call:	AM 10: 56		
Debra Aldred		at (513) 629-2787			
	(Name of Person)	(Area Code & Daytime Telepho	ne Numb	er)	
Regist Divisi Cliftor 2661 F	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclo	sed is a check for the follow	ving amount:			
× \$25	5 Filing Fee	Fee \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	s thĕ following statei	116 or 608.508 ment in order i	, Florida Statutes to change its regis	, the undersigned limited stered office or registered
1. The name of the limite	d liability company	is: Robbins Spor	rt Floors-South Florid	a, LLC
2. The mailing address of	the limited liability	company is : _	4777 Eastern Avenue	
Cincinnati, OH 45226				
April 10, 2002		•	M02000000953	
3. Date of filing/registration	on in Florida		4. Document nun	nber
5. The name of the registe Florida Department of S		gistered office a	address as shown o	on the records of the
		Dean Smith		
		Name		
	6540	0 East Rogers Circ	ele	d. 13
	Address			Z007 JAN SECRET
	Boca Raton, FL 33487			AR S
	Cit	y, State and Zij	þ	SP I
6. The name and address of	of the new registered	agent and/or o	ffice:	SEE. A
	CT C	Corporation System	m	AM 10: 56 OF STATE OF LORIDS
		Name		유프 5
		outh Pine Island Ro		DE 6
	Florida street addre	ess (P.O. Box N	NOT acceptable)	
	Plantation	FL	33324	
	City	, State and Zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	lange or changes are the registered agent rehy confirmed that t	made, the Flor will be identicated the change(s) was otherw lity company.	ida street address on. Or, in the case of	of the registered office of a Florida limited d by an affirmative vote
Idmes H. Stoehr, III				
(Printed or typed name of signee)				4 I C t 4-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relat l accept the obligation his document is bein That the limited liabi	agent and agre ive to the prope ons of my posit g filed to merel lity company h	ee to act in this caper and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to promance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	crowd -			
Garat Division	n of Corporations, l	P.O. Box 6327. NG FEE: \$25.	•	32314

INHS18 (8/05)