Patricia Jones Requester's Name  8797 Hamman Woo  Address  JAX F. 32  City/State/Zip Phone #	10034 221	4048	
	C	Office Use Only	
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if kı	nown):	
1. Superior Hame  2. (Corporation Name)  3. (Corporation Name)  4	(Document #)  (Document #)	RECEIVED  01 AUS 16 PM 3-41  DIVISION OF CORPORATION	
(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Photocopy	Certified Copy  Certificate of Status	- - -
NEW FILINGS	··-··	00004539082- -08/17/010100300	_8 2
Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS  Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger  REGISTRATION/QUA Foreign Limited Partnership	ALIFICATION PHONE	. (5
	Reinstatement Trademark Other	Examiner's Initials # 8/	16

CR2E031(7/97)

## 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, the
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Superior Home Center INC.
2. The mailing address of the corporation is: 8400 Rapsevel+ Blvd  Jacksonville FL 32073
3. Date of incorporation/qualification: 4-4-01 Document number: 1010000 34048
4. The name and address of the current registered agent and office:
Patricia Jones
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Stry L: Bates  8400 Roosevelt Blvd  Tackson ville FL 32073
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.    Solution   Solu
Having been named as registered agent and to accept service of process for the above stated corporation, 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.  (Signature of Registered Agent)  (Signature of Registered Agent)
f signing on behalf of an entity:  Save Sy President Director  (Typed or Printed Name)

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