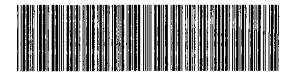
P06000035564

(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:





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COVER LETTER '

	Corporations ORIDA GENERY	IL CARPENTI	24, <i>INO</i> -
Ubject:	OPIDA GENERA Nam	e of Corporation	
OCUMENT NUM	_{IBER:} P060000	35564	
he enclosed Statem	ent of Change of Registered	Office/Agent and fee a	re submitted for filing.
lease return all corr	respondence concerning this	matter to the following	:
	LODRIGO P	1ENA	
_	Name	of Contact Person	
-	FLORION GEA	VERAL CARPE	NTEY, INC.
		·····	
	3300 BISCI	94NE BLUD	#11
-		Address	
	MIAMI F	L. 33137	ı
_	City/S	tate and Zip Code	
	romarara de	ahoo.com	
Ŧ	romecare your address: (to be used	for future annual rep	oort notification)
or further informati	on concerning this matter, pl	ease call:	
DODRICO	MENTA	at (786	355 9435 & Daytime Telephone Num
としょし・ゆし			1

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2011

RODRIGO MENA 3300 BISCAYNE BLVD., #A1 MIAMI, FL 33137

SUBJECT: FLORIDA GENERAL CARPENTRY, INC.

Ref. Number: P06000035564

We have received your document for FLORIDA GENERAL CARPENTRY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 611A00007236

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

Pursuant to the provisions of sections statement of change is submitted for a	a corporation	organized under the	e laws of the	State of	FLOBIDA	
in order to change its registe				v		
1. The name of the corporation:	FLOEIDI	4 GENERAL	CHEPE	NTRY ,	ING	
2. The principal office address:	<u>3300</u>	BISCHYNE	BLVD	# A 1	-	
3. The mailing address (if different):_	THE	SAME				
4. Date of incorporation/qualification	: 03-10	0-06 Docume	ent number:	P060	0035564	
5. The name and street address of the Florida Department of State: (If res	current registe	ered agent and regis				
3300 B	SCAYNE	BLVD #	=A1			
MIAM	, Fl-	33137			P _R	-16
					5 5 7	=
6. New registered agent and/or offic	ce address:				AM 9: 1	3
GABRIELA CARDO	NA				る。	
3300 BISCAYNE BLV	'D # A1					
MIAMI, FL. 33137		7				
The street address of its registered o as changed will be identical.	ffice and the	street address of the	e business o	ffice of its re	egistered agent,	
Such change was authorized by reso authorized by the board, or the corp	olution duly a oration has be	dopted by its board een notified in writi	of directors ing of the ch	or by an off ange.	ficer so	
Signature of an officer or director		RODE	Printed or typed		PEGIDENT	
I hereby accept the appointment as i I further agree to comply with the pi of my duties, and I am familiar with document is being filed merely to re corporation has been notified in wri	registered ago rovisions of a and accept th flect a chango ting of this ch	ent and agree to ac ll statutes relative to ne obligation of my e in the registered c nange.	t in this cape to the proper position as office addres	acity. r and comple registered a s, I hereby c	ete performance gent. Or, if this confirm that the	
Jabrida Cero	6na	03	-28-	//		
Signature of Registered Agent Signing on behalf of an entity:			Dat	τ		
GABRIELA CARDON	14					
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 * * *