| Current Mailing Address: | | | | |
|--|--|-----------------|----------------------------|------------|
| 10943 INDIES DR N JACKSONVILLE, FL 32246 | | | | |
| FEI Number: 47-1134497 | | | Certificate of Status Desi | red: No |
| Name and Address of Current Registered Agent: | | | | |
| FLEMING, MICHAEL 10943 INDIES DR N JACKSONVILLE, FL 32246 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| | | | | 11/17/2015 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | PVPT | Title | VP | |
| Name | FLEMING, MICHAEL | Name | SHIRLEY, BRIAN J | |
| Address | 10943 INDIES DR N | Address | 10943 INDIES DR N | |
| City-State-Zip: | JACKSONVILLE FL 32246 | City-State-Zip: | JACKSONVILLE FL 32246 | |
| Title | SECRETARY | | | |
| Name | RAMIREZ, FRANKIE ALLEN | | | |
| Address | 10943 INDIES DR N | | | |
| City-State-Zip: | JACKSONVILLE FL 32246 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL FLEMING

Electronic Signature of Signing Officer/Director Detail

FILED Nov 17, 2015 **Secretary of State** CC5931536752

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P14000052983

Entity Name: 904 FLOORS GALORE INC

Current Principal Place of Business:

10943 INDIES DR N JACKSONVILLE, FL 32246