

148175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

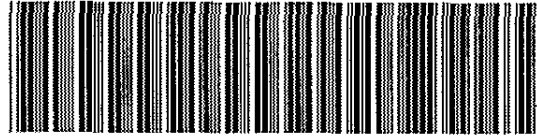
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Tile Co. of Ocala Inc.
DBA Central Fla. Tile & Marble Co.

(Name of Corporation)

DOCUMENT NUMBER: Corporate Charter #148175

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:

Eugene A. Craig, President

(Name of Contact Person)

Central Florida Tile Co. of Ocala, Inc.
DBA Central Fla. Tile & Marble Co.

(Firm/Company)

Mailing Address: P.O. Box 53, Gainesville, FL 32602
2604 NE 19th Dr., Gainesville, FL 32609

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Eugene A. Craig, President at (352) 376-6406

(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

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
Central Fla. Tile Co. of Ocala

1. The name of the corporation: _____
2. The principal office address: 2604 NE 19th Dr., Gainesville, FL 32609
3. The mailing address (if different): P.O. Box 53, Gainesville, FL 32602
4. Date of incorporation/qualification: 08/12/1946 Document number: 148175
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Eugene A. Craig
1705 NE 16th Ave., Gainesville, FL 32601

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Eugene A. Craig
2604 NE 19th Dr., Suite C
(P.O. Box NOT acceptable)
Gainesville, FL 32609

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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, or the corporation has been notified in writing of the change.

ⓧ Eugene A. Craig
(Signature of an officer or director)

Eugene A. Craig, President
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ⓧ Eugene A. Craig
(Signature of Registered Agent)

08/23/06

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)