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	Requ	uestor's Name		• •		
	LUSTRE CA	PAFT OF FLOR	LIDA, INC.	· ·		
,	7225 SW MORANI , FL	12674 57866 - 33156	· •	ce Use Only		
_				own):		٠.
	1(Corpo	oration Name)	(Document #)	·	· .	
	2	oration Name)	(Document #)		86	
	3(Corpo	oration Name)	(Document #)	AT A 6 6		: :
	4(Corpo	oration Name)	(Document #)			
	☐ Walk in ☐	Pick up time	Cert	ified Copy	9: 58	
	Mail out	Will wait Photoco	opy L Cert	ificate of Status		
	NEW FILINGS	AMENDMENTS		70000	260601	71
	Profit	Amendment  Resignation of R.A., Officer	/Director		)3/980111: **35.00 ***	***35.00
	NonProfit Limited Liability	Change of Registered Agent		,		
	Domestication	Dissolution/Withdrawal				
	Other	Merger				
	OTHER FILINGS	REGISTRATION/			- MX	
		QUALIFICATION		J (	$\mathcal{O}_{\mathcal{O}}$	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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PR	3/13

Examiner's Initials	



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 5, 1998

LUSTRE CRAFT OF FLORIDA, INC. WILLIAM A. GREENFIELD 7225 SW 126TH STREET MIAMI, FL 33156

SUBJECT: LUSTRE CRAFT OF FLORIDA, INC.

Ref. Number: 254679

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

The registered agent must sign accepting the designation.

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) 487-6880.

Karen Gibson Corporate Specialist

Letter Number: 098A00040870

98 AUG 12 AM 8: 25 EIVISION OF CORFORATIONS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of section poration organized u		<del></del> 7 .		orida Statutes, the
	owing statement in o	_	•	egistered age	ent, or both, in the
1. The name of	the corporation is:	Lustre Craft	of Florida, I	nc.	
_	iddress of the corpora	ation is : 7225	S.W. 126 St.		
Filant, F	L 33156				
3. Date of incorp 4. The name and	poration/qualification d address of the curre	n: JAN . 5 , 190 ent registered agent a	Document number of the contract of the contrac	umber: K	638 <b>5</b> 4 59-096-70
	Cynthia A.	Greenfield			
	241 Sevilla	a Ave		-	-
	Coral Gable	es, FL 33134		SE	98
5. The name and	d address of the new	registered agent and	office: (P.O. Box N	lot Acceptah	***************************************
	William A.	Greenfield		<del>n</del> ₹	
	7225 S.W. I	126 St.	·		
	Miami, FL	33156		<u> </u>	UI O
The street addre	ess of its registered of ed, will be identical.	ffice and the street ac	ldress of the busine	ss office of it	s registered
Such change wa authorized by th	s authorized by resol e board.	ution duly adopted b	y its board of direct	tors or by an	officer so
W.a	i. Greenfree	d Prendens	y Ju	- KY 30,19	798
(Signature of an offi	cer, chairman or vice cha	irman of the board)	(Dai		
<del></del>	William A.	Greenfield, P	resident	-	· ·
Having haan na	mad as registered an	(Printed or typed nar	•	dles all some set	
I hereby accept comply with the and I am familia	med as registered ag the appointment as r provisions of all sta ar with and accept th	em und to accept ser registered agent and tutes relative to the p re obligation of my p	vice of process for agree to act in this proper and complete osition as registered	the above su capacity. I f e performanc d agent.	grea corporation, further agree to se of my duties,
Wa	of Registered Agent)	relaci	8-1	0-98	-
_	= =	- <u>·</u>	(Dat	te)	
	half of an entity:		_		
W. A	Printed Name)	FIELD	PRESI	Capacity)	•
(Typed of	TIMEGINAME)		((	Japacity)	

CR2E045(1/95)