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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number 1 (850)205-0380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

ALL-INTERIOR SUPPLY OF TAMPA BAY, INC.

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION SYSTM

2/22/2007

7002/22/20

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

_	ange is submitted for a corporation organized under the laws of the State of <u>Florida</u> er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation; All-Interior Supply of Tampa Bay, Inc.	
2. The principal	office address: 125 South Franklin Street, Chicago, IL 60606	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 8-30-88 Document number: 306192	
	d street address of the current registered agent and registered office on file with the runent of State:	
	John J. Hernandez	
	6969 West 20th Avenue	
	Hialeah, FL 33014	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office CT Corporation System C/o CT Corporation System, 1200 South Pine Island Road	7 1
	CT Corporation System	4166
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT acceptable)	,
	Plantation, Florida 33324)
	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so se board, or the corporation has been notified in writing of the change.	
Dugain	The armonicar or discoper) Sugar une to Armey Secretary (Printed or typed name and tills)	
I hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
By: Sarel	CT Corporation System 2-21-07 Granture of Resident Agent) (Date)	
^	half of an entity: Sarah B. Ayala Assistant Sacretary Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	
MA CR2E045 (8/05)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

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