Division of Corporations



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## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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## REGISTERED AGENT CHANGE

ALL INTERIOR SUPPLY, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

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CT CORP

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

| statement of ch  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of Florida State of Company of the State of Florida Stat | ida                                |                            |             |
|--|--|------------------------------------|----------------------------|-------------|
|  | er to change its registered office or registered agent, or both, in the State of Flori   | do.                                |                            |             |
|  | the corporation: All Interior Supply, Inc.   |                                    |                            | <u> </u>    |
| 2. The principal   | office address: 125 South Franklin Street, Chicago, IL 60606   |                                    |                            |             |
| 3. The mailing s   | address (if different):  |                                    |                            |             |
| 4. Date of incorp  | poration/qualification: 11-22-72 Document number: 413350   | V                                  |                            |             |
|  | street address of the current registered agent and registered office on file with the truent of State:   | j <b>e</b>                         |                            |             |
|  | John J. Hemandez   | SE                                 | 0                          |             |
|  | 6969 West 20th Avenue  | LAR<br>380                         | FEB                        | Bran !      |
|  | Hizlesh, FL 33014  | TAR'                               | 3 22                       | 6 march 11: |
| 6. The name and (if changed):  | street address of the new registered agent (if changed) and /or registered office  | OF ST                              | PH 4:                      | T           |
|  | C T Corporation System   | TATE<br>ORID                       | ~                          |             |
| ٠  | c/o C T Corporation System, 1200 South Pine Island Road  | A                                  | 2                          |             |
|  | (P.O. Box NOT acceptable)  |                                    |                            |             |
|  | Plantation, Florida 33324  |                                    |                            |             |
| _  | ss of its registered office and the street address of the business office of its requestion days expected by resolution days educated by its board of directors or by an office.   |                                    | igent,                     |             |
| authorized by the  | s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.  | TCI 20                             |                            |             |
| Current STEPHER  | E or an other or any fac) System K Turing and title)   | C. Barry                           | <u>—</u>                   |             |
| hereby accept to<br>further agree to<br>fmy duties, and<br>locument is bein<br>torporation has | he appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and complet I am familiar with and accept the obligation of my position as registered age g filed merely to reflect a change in the registered office address. I hereby cobeen notified in writing of this change.   | e perfort<br>ent. Or,<br>offrm the | nance<br>if this<br>at the |             |
| sy: Sara   | C Corporation System 2-21-07   |                                    |                            |             |
|  | ature of Registrated Agent) (Date)   |                                    |                            |             |
| f signing on beh   | alf of an entity: Sarah B. Ayala Assistant Secretary od or Printed Name)   | •                                  |                            |             |
| 1.4.7  | * * * FILING FEE: \$35.00 * * *  |                                    |                            |             |
| MAI<br>R2E045 (8/05)   | Make checks payable to Florida Department of State<br>il to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 3231   | 4                                  |                            |             |

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