Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (512)418-6949 : (954)208-0845 Phone Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:

REGISTERED AGENT CHANGE STOGSDILL TILE CO.

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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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MAY 1 0 2017

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	STOGSDILL TILE CO.
	Name of Corporation
DOCU	MENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mary Jankee
	Name of Contact Person
	STOGSDILL TILE CO.
	Firm/Company
	14604 HARMONY RD
	Address
	HUNTLEY, IL 60142
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Mary Ja	
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed 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

CR2E045 (03/12)

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

	•		7.1508, or 617.1508, Florida Sta under the laws of the State of <mark>I</mark> lli			
		-	agent, or both, in the State of Flor		•	
1. The name of	he corporation: STOGSDILL	TILE CO.				
2. The principal	office address: 14604 HARM	ONY RD HUNTI	EY, IL 60142			_
		····				
3. The mailing a	ddress (if different):				·	
4. Date of incor	poration/qualification: 05/09	/1974	Document number: 832313			_
	street address of the current truent of State: (If resigned,		and registered office on file with	the		
	STOGSDILL, GLORIA M				=	
	2812 CASEY KEY RD				MAY	
	NOKOMIS, FL 34275				6- JI	
6. The name and (if changed):	street address of the new re	egistered agent (if	changed) and /or registered office		8 MI	1.0
	C T Corporation System					
	c/o C T Corporation System,	1200 South Pine Is	and Road	* Ji **	Ų;	
	Plantation, Florida 33324	P.O. Box NOT accept	able			
The street address changed will	ss of its registered office an be identical.	nd the street addre	ss of the business office of its re	gistered age	nt,	
Such change we authorized by if	s authorized by resolution of e board, or the corporation	duly adopted by it has been notified	s board of directors or by an offi in writing of the change.	cer so		
Signari	e of an officer of director		Leslie Martin Vice President Prinled or typed name and title			
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as register o comply with the provision my duties, and I am familia s document is being filed m that the corporation has be	red agent and agra ns of all statutes r ir with and accept terely to reflect a en notified in writ	ee to act in this capacity, elative to the proper and comple the obligation of my position as change in the registered office a ing of this change,	te registered ddress, I		
Ву:	poration System	isil_	5/2/17		•	
•		m Wasilewski stant Secretary	Date			
T	ped or Printed Name					

*** FILING PEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr2E045 (03/12)