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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878~5368

## REGISTERED AGENT CHANGE

## MISSISSIPPI MARBLE & GRANITE, INC.

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8/13/2009

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Mississippi or to change its registered office or registered agent, or both, in the State of Florida.	
1 The name of t	the corporation: MISSISSIPPI MARBLE & GRANITE, INC.	
2. The principal	office address: 211 BALL DRIVE, LOUISVILLE, M\$ 39339	_
3. The mailing a	ddress (if different): P.O. BOX 885, LOUISVILLE, MS 39339	_
4. Date of incorp	coration/qualification: 05/19/2000 Document number: P00000002829	<del></del>
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	
	HAROLD NOWELL	
	211 BALL DRIVE	
	LOUISVILLE, FL 39339	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	c/o C T Corporation System, 1200 South Pine Island Road  P.O. Rox. NOT upopsylble	•
	Plantation, Florida 33324	-
as changed will		Č
Such change we authorized by a	as authorized by resetution duly adopted by its board of directors or by an officer so appoint, or the corporation has been notified in writing of the change.	
	the of an officer or director.  Fig.   Nov. 40   Nov. 40	
I hereby accept I further agree to of my duties, an document is bei corportation 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 ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the speen notified in writing of this change.	
By: C7	Topografica School David J. Berezowski 8/13/09  David J. Berezowski 8/13/09  David Absistant Secretary Davie	
If signing on be	chalf of an entity:	
т	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZEOMS (8/05)