## F090000000159

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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2015 DEC -3 PM 12: 01
SECRETARY OF STATE
AND ANASSEEL FLORIDA

RARDONS

DEC 7 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

1.

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: December 1, 2015

Order#: 876864-150

Re: MOHAWK CARPET DISTRIBUTION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA



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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, n organized under the laws of the State of DE registered agent, or both, in the State of Florida.	this
1. The name of t	the corporation: MOHAWK CARP	ET DISTRIBUTION, INC.	
	office address: STRIAL BLVD, CALHOUN, GA 3	0701	
•	uddress (if different):2069, Calhoun, GA 30703		
4. Date of incorp	poration/qualification: 01/13/200	9 Document number: F0900000159	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND RO	AD	<b>.</b>
	PLANTATION	FL 33324	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company	71 (2) 	LEU -3 PM12: 01
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	street address of the business office of its register	ed agent,
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has b	dopted by its board of directors or by an officer so	)
	26 >-	Dona Priebe, Vice President	
Snatu	re of an officer or director	Printed or typed name and title	<del></del>
I further agree to performance of agent. Or, if thi hereby confirm	to comply with the provisions of a mv duties, and I am familiar with	eent and agree to act in this capacity. all statutes relative to the proper and complete n and accept the obligation of my position as regis to reflect a change in the registered office addres tified in writing of this change.	tered s, I
By: X	are C-Kubi	11/25/2015	
Sign	nature of Registered Agent	Date	<del></del>
If signing on bel	half of an entity:		
Grace E. Kirby,	Assistant Vice President		
Ty	ped or Printed Name	•	

\* \* \* FILING FEE: \$35.00 \* \* \*