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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC

Account Number : I20150000127 Phone : (800)567-4397

Fax Number : (800)567-4398

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

Email Address: swallace@redi-floors.com

REGISTERED AGENT CHANGE REDI - FLOORS, INC.

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COVER LETTER

Amendment Section Division of Corporations TO:

Redi-Floors, Inc.

Name of Corporation

F09000005138

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Wallace

Name of Contact Person

Redi-Floors, Inc.

1791 Williams Dr.

Marietta, GA 30066

City/State and Zip Code

swallace@redi-floors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS AGENTS, LLC C/O KATHY CLARK

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

CR2E045 (03/11)

CR2E045 (03/12)

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ange is submitted for a corporation organised under the laws of the State of GA er to change its registered office or registered agent, or both, in the State of Florida.	is
1. The name of ti	the corporation: REDI - FLOORS, INC.	
2. The principal	l office address: 1791 WILLIAMS DR. MARIETTA, GA 30066	
3. The mailing a	address (if different):	
4. Date of Incorp	rporation/qualification: 12/21/2009 Document number: F0900000513	18
5. The name and Florida Depar	id street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
•	C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION, FL 33324	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	NOV 14
	URS AGENTS, LLC	
	3458 LAKESHORE DRIVE	50 00 00 00 00 00 00 00 00 00 00 00 00 0
	P.O. Box NOT socceptoble TALLAHASSEE, FL 32312	53
		مرر د ما د ما
The street address changed will	iress of its registered office and the street address of the business office of its registerell be identical.	en skeur,
Such change we authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	;
All	Adam Brookner, President & C	EO
I hereby accept I further agree performance of agent. Or, if th hereby confirm	pi the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and complete of my dulles, and I am familiar with and accept the obligation of my position as regis this document is being filed merely to reflect a change in the registered office address m that the corporation has been notified in writing of this change.	tered t, I
\prec	lignature of Registered Agent	 -
If signing on be	behalf of an entity:	
	Ilshop, Assistant Secretary Typed or Printed Name	
'	* * * FILING FEE: \$35.00 * * *	
M	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	