F13000003770

(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALLAFASSEE, FLORIDA

DC5/7

COVER LETTER

TO: Amen

Amendment Section Division of Corporations

SUBJECT: STANLEY STEPHENS CO., INC.

Name of Corporation

F1300003770

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:

JAMES MORNINGSTAR

Name of Contact Person

STANLEY STEPHENS CO., INC

Firm/Company

2565 PEARLBUCK RD.

Address

BRISTOL PA 19007

City/State and Zip.Code

imorningstar@sstfloor.com

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

For further information concerning this matter, please call:

JAMES MORNINGSTAR

,215 788-1515

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

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

statement of cha	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of FL.DEPT.O ristered agent, or both, in the State of Florida.	F STATE	_
1. The name of	the corporation: STANLEY STE	PHENS CO., INC.		
2. The principal	office address: 2565 PEARLBU	ICK RD. BRISTOL PA 19007		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/04/2013	B Document number: F13000003	770	
5. The name and		d agent and registered office on file with the		
	CT CORPORATION SYS	TEM		
	1200 S. PINE ISLAND RD).		₹s
	PLANTATION, FL 33324		5 MA)	ECRE LLAH
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office	MAY - PH	FILEC TARY OI IASSEE.
	STEPHEN SEIDMAN		2:) F S T. F I. O
	2029-A HIGH RIDGE RD.		38	ATE RIDA
	BOYNTON BEACH, FL 33	NOT acceptable		
	ess of its registered office and the stre be identical.	tet address of the business office of its register ted by its board of directors or by an officer so notified in writing of the change.		ent,
authorized by the	• 1	-		
Signate	re of an officer or director	JAMES MORNINGSTAR Printed or typed name and title		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified		istered ess, I	
Sig	nature of Ageistered Agent	4/23/15 Date		_
If signing on be	half of an entity:			
STEPHEN	SEIDMAN			
Т	yped or Printed Name			

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