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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : 120150000127 Phone : (800)567-4397

Fax Number

: (800)567-4397 : (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: ecaban@associatedfloors.com

## REGISTERED AGENT CHANGE ASSOCIATED/ACC INTERNATIONAL LTD., CORPORATION

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ASSOCIATED/ACC INTERNATIONAL LTD., CORPORATION

Name of Corporation

F9900002060

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:

**EMILY CABAN** 

Name of Contact Person

ASSOCIATED/ACC INTERNATIONAL LTD., CORPORATION

Firm/Company

32 MORRIS AVENUE

Address

SPRINGFIELD, IL 07081

City/State and Zip Code

ecaban@associatedfloors.com

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

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop

, 800 ,

567-4397

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

CR2E045 (03/12)

## (((H17000177903 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation orga	u2, 507.1308, or 517.1308, Floriaa Sial mized under the laws of the State of <u>NY</u> tered agent, or both, in the State of Flor	· · · · · · · · · · · · · · · · · · ·	
	•	C INTERNATIONAL LTD., CO		N
2. The principal	office address: 32 MORRIS AVE	NUE SPRINGFIELD, NJ 070	81	
3. The mailing a	ddress (if different):			
4. Date of incor	poration/qualification: 04/12/1999	Document number: F990000	002060	
	d street address of the current registered riment of State: (If resigned, enter resign	agent and registered office on file with a	the	
	CORPORATION SERVICE	COMPANY		
	1201 HAYS STREET		7	
	TALLAHASSEE, FL 32301			<i>:</i>
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	ii ii	
	URS AGENTS, LLC		. 3	
	3458 LAKËSHORE DRIVE			
	P.O. Box NC	OT acceptable		
	TALLAHASSEE, FL 32312			
		t address of the business office of its re		
Such change wauthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officitied in writing of the change.	icer so	
Ru	hand Hoodha	Richard Goodman, Presiden		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duites, and I am familiar with and its document is being filed merely to re that the corporation has been notified	nd agree to act in this capacity, tutes relative to the proper and comple accept the obligation of my position as flect a change in the registered office a in writing of this change.	ite registered ddress, I	
-X.T.		07/07/2017		
Sig	nature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	shop, Assistant Secretary  yped or Printed Name			
)	••	EE: \$35.00 * * *		
M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FL	ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 323	14	

(((H17000177903 3)))