

GT48961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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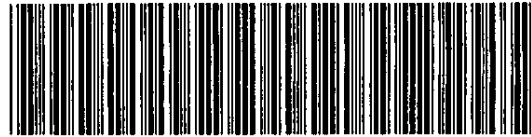
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/chg

APR 03 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **WEBER ORIENTAL RUGS, INC.**
Name of Corporation

DOCUMENT NUMBER: **G48961**

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:

Phyllis or Michael Weber

Name of Contact Person

Weber Oriental Rugs, Inc.

Firm/Company

PO Box 66948

Address

St. Petersburg Beach, FL 33736-6948

City/State and Zip Code

weberorientalrugs@verizon.net

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

For further information concerning this matter, please call:

Phyllis or Michael Weber

Name of Contact Person

at (**727**) **347-3359**

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Weber Oriental Rugs, Inc.
2. The principal office address: 6157 Central Avenue, St. Petersburg, FL 33710
3. The mailing address (if different): PO Box 66948
St. Petersburg Beach, FL 33736-6948
4. Date of incorporation/qualification: 1983 Document number: G48961
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John Schaefer

650 Main Street

Safety Harbor, FL 34695

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles Locke

7005 Central Avenue

P.O. Box NOT acceptable

St. Petersburg, FL 33710

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Phyllis Weber, Sec/Treas.
Signature of an officer or director

Phyllis Weber, Secretary/Treasurer
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Charles J. Lane
Signature of Registered Agent

3/29/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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