L03000046419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNA

FEB - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shane's Flooring Services, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ralph Shane Day
(Name of Person)

Shane's Flooring Services, LLC
(Firm/Company)

109 Adams Dr.
(Address)

Crestview FL. 32536
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shane Day at (850) 685-0840
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Shanes Flooring Services, LLC

2. The mailing address of the limited liability company is: 109 Adams Dr Crestview FL. 32536

Jan 8th 2008
3. Date of filing/registration in Florida

L03000046419
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

All Florida Firm, Inc / Donna Serpa
Name

813 Delton Blvd, STE A
Address

Delton FL 32725
City, State and Zip

6. The name and address of the new registered agent and/or office:

Ralph Shane Day
Name

109 Adams Dr
Florida street address (P.O. Box **NOT** acceptable)

Crestview FL 32536
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ralph Shane Day
(Signature of a member or authorized representative of a member)

Ralph Shane Day
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ralph Shane Day
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (8/05)

CHANGE OF AGENT

---ATTENTION---

ALL FLORIDA FIRM, INC
813 DELTON BLVD, STE A
DELTON, FL 32725

ALL FLORIDA FIRM, INC,

ATTENTION JAMIE JESUP, ALL AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS,

THIS CERTIFIED LETTER IS TO INFORM YOU THAT YOU ARE NOT MY REGISTERED AGENT, NOR DO YOU HAVE ANY RIGHT TO FILE ANY DOCUMENTS
IN MY BEHALF OR IN THE BEHALF OF MY COMPANY (SHANE'S FLOORING SERVICES, LLC).
I AM NOTIFYING YOU IN WRITING OF MY WISH TO TERMINATE YOUR SERVICES. I HAVE FILED THE APPROPRIATE FORMS TO CHANGE THE REGISTERED
AGENT (BACK TO RALPH SHANE DAY) WHICH IS MYSELF- WITH THE DIVISION OF CORPERATIONS.

YOU HAVE NO PART IN MY COMPANY, NOR DID I EVER WANT YOU TO HAVE ANY PART! DO NOT FILE ANYTHING ON BEHALF OF MY COMPANY
YOU HAVE NO AUTHORITY OR POWER TO DO SO, I AM NOTIFYING YOU OF THAT IN WRITING ---I HAVE ALSO NOTIFIED YOU BY PHONE!!!!!!!

TAKE ME OUT OF YOUR FILES, I WILL NOT PAY FOR ANY OF YOUR SERVICES, AND WANT NOTHING TO DO WITH YOUR COMPANY.

YOU DECEIVED ME AND CHARGED ME FOR SERVICES I DID NOT WANT OR NEED YOU TO PERFORM.

RALPH SHANE DAY--SOLE OWNER AND REGISTERED AGENT

Ralph Shane Day

SHANE'S FLOORING SERVICES LLC

C.C. All Florida Firm
CC States attorneys office