L03000048005

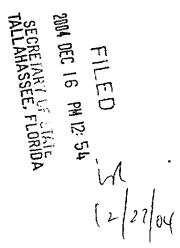
(Requestor's Name) FRANK & NOEMI SOSKA 2022 COBBLESTONE FOREST CIRCLE E JACKSONVILLE, FL 35225
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12/16/04--01012--802 **25.00



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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:	Soska Floor Installation LIC.
2. The mailing address of the limited liability compa	ny is: 2622 Cobblestone Forest Circle E
	Jacksonville, Fl. 32225.
Nuvenher 76 7003 3. Date of filing/registration in Florida	<u>L0300048005</u> 4. Document number
5. The name of the registered agent and the registered Florida Department of State:	l office address as shown on the records of the
Legal Zo Na 7083 Hollywo	me cool Blud Suite 180 cress CA 90028 e and Zip
6. The name and address of the new registered agent	and/or office:
Frank Soska Nam 2622 Cobblestone Florida street address (P. of Sonville, FI City, State	O. Box NOT acceptable)
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charthe members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the Elevide street address of the resistance office
(Printed or typed name of signee) I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of Registered Agent)	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)