Division of Corporations Electronic Filing Cover Sheet

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(((H180001947623)))



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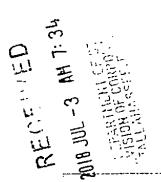
Account Name : C T CORPORATION SYSTEM

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MIKE'S CARPETS OF FLORIDA, L.L.C.



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Corporate Filing Menu

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JUL 05 2018

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

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability compassibility the following statement in order to change its registered office or registered agent, or both, in the State Florida.

. Na	ame of the limited liability company: MIKES CARPE	19 OF FLORIE	OA, L.IC.	·	***	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	3305 SW 11th Avenue	РО	Box 221136			
	FT. LAUDERDALE, FL 33315	Cha	antilly, VA 20153-11	36		
	03/19/2004	L040	000021336			
,	Date of filing/registration in Florida	4.	Document i	number		
i. (a)						
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:			
	Riccolli, Carmen					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	3305 SW 11th Avenue			2011		
	FT. LAUDERDALE , FL			ANT AHASSEEL OF ORIGINAL		
				A 55	·	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				! !,	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	:		į : ,	
	C T Corporation System			AM III	١,.	
	NEW Registered Office Address:			Ē		
	1200 South Pine Island Road					
	Plantation , FI	33324				
he ch igent was/w he an	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	ws of the Stat f the registere lability compa of the limited	e of Florida, it is he d office and the bu- my, it is hereby cor- liability company of lity company.	siness office of the	e registe iange(s)	
	ature of a member or authorized representative of a member			ped name of signee		
			his capacity. I furt	her agree to comp	dy with	
I here provis the ob to mei	eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. Danny Ver	e perjormance ed for in Chap heraby confir	of my duties, and oter 605, F.S. Or, i m that the limited i	I am Jamiliar with I this document is liability company	and ac being fi has bee	

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