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SECRETARY OF STATE
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COVER LETTER

'TO: Registration Section Division of Corporations	
SUBJECT: Town & Country Flooring LL (Name of Limited Liability Company)	<u> </u>
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
Ray Franceskino (Name of Person)	07 JUL 13 PM 3:39 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Town & Country Flooring LLC (Firm/Company)	PM 3: 3: Of STATE E.FLORIE
2427 Enterprise Rd. (Address)	, A
Orange City Fl 32-763 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Ray Franceskino at (386) 774-6 (Name of Person) (Area Code & D	257 Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRE Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ions
Enclosed is a check for the following amount:	
\$25 Filing Fee & S55 Filing Fee & G	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: Town & Country Flooring 12c.
2. The mailing address of the limited liability company is: 2427 Enterprise Rd .
oranje City, Florida 32763
7-1-2005 20500065580
7-1-2005 3. Date of filing/registration in Florida 2.0500065580 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: <u>united States Corp. 930075 inc.</u>
United STATES Cock. Agents inc Name 1111 Lincoln Rd Suite 400 Address Miami Beach, Fla 33139 City, State and Zip 6. The name and address of the new registered agent and/or office: Ray Frances/Nino Name 2427 Enterprise Rd Proposition Name
6. The name and address of the new registered agent and/or office:
Name A427 Enterprise & Florida street address (P.O. Box NOT acceptable)
City, State and Zip
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.
(Signature of a member or authorized representative of a member) Prancesking (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 simited liability company has been notified in writing of this change.
(Signature 6) Rogistered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)