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ATTORNEYS AT LAW

KEEWIN LEXINGTON PARK 240 LOOKOUT PLACE MAITLAND, FLORIDA 32751

E-mail: jodi@coxandrouse.com

PAMELA J. COX JODI K. MUSTOE MICHAEL D. ROUSE\*

\*Board Certified In Workers' Compensation

December 12, 2006

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

RE: Hudson Custom Flooring LLC

Dear Sir/Madam:

Enclosed please find an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, and this firm's check, #6710, in the amount of \$25.00. I request that you change the Registered Agent on the above LLC from Jodi Mustoe, Esquire to Mr. Cary Hudson. As Mr. Hudson is Manager/Owner of the LLC, any future questions regarding the LLC should be directed to Mr. Hudson. Thank you for your attention to this matter.

Sincerely.

JKM:gcr Enclosures

cc: Mr. Cary Hudson

TELE: (407) 644-5225

FAX: (407) 644-2866

## 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 i	s: <u>Hudson (</u>	lustom Flooring	g LLC	
2. The mailing address of the	he limited liability	company is:		•	
1267 Juliana Place	, Orlando, FL	32807			_
					<u> </u>
7/26/05	7 3715 7 5		L050000746		
3. Date of filing/registration	n in Florida		4. Document nur	mber	
5. The name of the registere Florida Department of St	ed agent and the reg ate:	istered office	address as shown	on the records of the	
_	Jodi K. Mu		& Rouse, P.	Α.	
•		Name		•	
_	240 Loo	kout Plac	e		
		Address		9	
_	<u>Maitla</u>	nd, FL y, State and Z	32751	SECRETAR IVISION OF O	
	'	•	•	<b>E</b> 555	
6. The name and address of	the new registered	agent and/or	office:	97A_	
	Comm			2 6 RE	
_	<u> </u>	Hudson Name		. 그렇다 지하다	• •
	1267	Juliana P	lace		21
_	Florida street addre	ess (P.O. Box	NOT acceptable)	RY OF STATE CORPORATION	ì
	Orlando	FL 32	807	<i>ረ</i> ሳ የ	,
	City,	State and Zip	1	•	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	nge or changes are registered agent by confirmed that the liability company of the limited liability	made, the Flo will be identic he change(s) vor as otherwise company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vot	e of
Cary Hudson (Printed or typed name of signee)  I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the	tment as registered of all statutes relat	agent and ag	ree to act in this ca per and complete p tion as registered	apacity. I further agree performance of my dute agent as provided for i	: to es,
Chapter 608, F.S. Or, if the address, I hereby confirm the (see above) (Signature of Registered Agent)	is document is bein hat the limited liabi	g filed to mere lity company	ly reflect a change has been notified i	e in the registered office n writing of this change	e 3.

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

INHS18(10/99)

**FILING FEE: \$25.00**