## 206000036347

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SECRETARY OF STATE PALLAHASSEE, FI ORION

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Renaissance Marble & Granite Im (Name of Limited)	nports, LLC Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
G. Alan Howard, Esq.	700L TALL		
(Name of Person)	ARE ANG		
Milam Howard Nicandri Dees & Gillam, P.A. (Firm/Company)	TICO 2006 NUG 16 P 1 SECRETARY OF STALLAHASSEE, FLOI		
14 East Bay Street	P 1: 49 OF STATE E. FLORIDA		
(Address)			
Jacksonville, FL 32202	<del></del>		
(City/State and Zip Code)			
For further information concerning this matter, plea	se call:		
G. Alan Howard at (9	04 <sub>)</sub> 357-3660		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amo	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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 limit	ed liability company is: Renaissand	e Marble & Granite Imp	oorts, LLC	·		
2. The mailing address of	of the limited liability company is:			·-		
1301 Riverplace Blvd., Suite 2554, Jacksonville, FL 32207						
4/6/06	· · · · · · · · · · · · · · · · · · ·	L06000036347				
		4. Document number				
5. The name of the regist Florida Department of	ered agent and the registered office State:	address as shown	on the records	of the		
	Milam Howard Nicandri Dees	& Gillam, P.A.				
	Name	<del></del>		d.		
	208 North Laura Street, Suite 80	00				
	Address		<b>5</b>	• •		
Jacksonville, FL 32202			ZOOL AUG SECRETA			
	City, State and Z	ip	AR A	Ť		
Milam Howard Nicandri Dees & Gillam, P.A.			m <sub>G</sub> T	M		
	Name		FL	O		
	14 East Bay Street 유로 -					
Milam Howard Nicandri Dees & Gillam, P.A.  Name  14 East Bay Street  Florida street address (P.O. Box NOT acceptable)						
Jacksonville FL 32202						
City, State and Zip						
confirmed that after the c and the business office of liability company, it is he of the numbers of the lir or the operating agreemen	npany is not organized under the la hange or changes are made, the Flot the registered agent will be identified the change(s) inted liability companylor as other int of the limited liability company.	orida street address	of the registere	ed office		
(Signature of a member or author	ized representative of a member)	•		•		
G. Alan Howard (Assistant) (Printed or typed name of signed)						
10/4/1/4/	intment as registered agent and ag is of all statutes relative to the proj of accept the obligations of my post this document is being filed to men that the limited liability company	ree to act in this ca per and complete pe tion as registered a ely reflect a change has been notified in	pacity. I furthe erformance of i igent as provide in the register i writing of this	er agree to ny duties, led for in ed office a change.		
(Signature of Registered Agent)						

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