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SECRETARY OF STATE

COVER LETTER

	egistration Section vision of Corporations	
	T DDOEESSIONAL	ELOOPING CONTRACTORS LLC
SUBJEC		FLOORING CONTRACTORS LLC imited Liability Company
Dear Sir o	or Madam:	
The enclo	sed Registered Agent/Registered C	office Change and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning	this matter to the following:
	Elliot P. Borkson, Esq.	
	Name of Person	
	Elliot P. Borkson, PA	
	Firm/Company	
	1313 South Andrews Avenu	e
	Address	
	Fort Lauderdale, FL 33316	<u></u>
	City/State and Zip Code	
E-mail	address: (to be used for future annual report n	otification)
For furthe	r information concerning this matte	er, please call:
	•	
	Elliot P. Borkson	at (954) 462.6360
	Name of Person	Area Code & Daytime Telephone Number
ST	REET/COURIER ADDRESS:	MAILING ADDRESS:
	gistration Section	Registration Section
	vision of Corporations	Division of Corporations
	ifton Building	P.O. Box 6327
	61 Executive Center Circle llahassee, Florida 32301	Tallahassee, Florida 32314
	·	·
Eı	iclosed is a check for the followin	g amount:
✓	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

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. Name of the limited liability company: PROFESS	IONAL FLOORING CONTRACTORS			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	3693 NW 124th Avenue Coral Springs, FL 33065			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	3693 NW 124th Avenue Coral Springs, FL 33065			
01/12/2011	L11000004715			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Anja S Moore			
Registered Office Address:	3814 Lincoln Street Hollywood, FL 33021			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address				
NEW Registered Agent:	Thomas W. Moore			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Coral Springs S,FL 33065			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the f and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Erik Fortin Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the province of any position of an important the configuration of the companies of the co	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.			

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