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SECRETARY OF STATE

FEB - 7 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Floorida Wood Flooirng LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shayne O. Cronk

Name of Person

Floorida Wood Flooring LLC

Firm/Company

301 NE 7th Ave

Address

100 C C (1)

Delray Beach, FI 33483

City/State and Zip Code

shaynecronk@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shayne Cronk

_{at} 702

624-4694

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (12/13)

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

Pursuant to the provisions of sections 605.0114, 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. N	ame of the limited liability company: Floorida Wood Flooring L	TC	
2. (a	Principal office address of limited liability company:	301 NE 7th Ave	30 5 -
(Note: MUST BE STREET ADDRESS)		Delray Beach, FL 33483	
			T. (1)
41 NA 92 11 62 - 5 - 12 - 12	N # - 212	004 NE 7th Ave	Solition in
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		301 NE 7th Ave Delray Beach, FL 33483	- MO 72 1
	(NOIE: MAT BE FOST OFFICE BOX)	Deliay Boach, 7 E 30-100	70 2
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.lanuan	7 21. 2104	L14000010435	PAGE O
		I. Document number	
3. D	are or miliblicibizitationi în Lionaa	r. Document number	
5. (a	a) Registered Agent and Registered Office shown on the	he records of the Florid	a Dept. of State:
	Registered Agent:	United States Corporation Agent	
	Registered Office Address:	13302 Winding Oaks Ct	
	Registered Office Address:	Suite A	
		Tampa, FL 33612	CONTROL CONTRO
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office ad	ldress:
	NEW Registered Agent:	Shayne O. Cronk	
	NEW Registered Office Address:	301 NE 7th Ave	
(MUST BE FLORIDA STREET ADDRESS)		Delray Beach	FL 33483
		Deviay Dodon	,FL_00-00
confi and t liabil the m the o	elimited liability company is not organized under the larmed that after the change or changes are made, the Flehe business office of the registered agent will be identified ity company, it is hereby confirmed that the change(s) numbers of the limited liability company or as otherwise perating agreement of the limited liability company. The office amember of authorized representative of a member	orida street address of t	he registered office
Printe	O. Cronk d or typed name of signee	-	
I her comp and I Chap addre	reby accept the appointment as registered agent and as ly with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos ster 605; F.S Or, if this document is being filed to men ess, I hereby confirm that the limited liability company	gree to act in this capac per and complete perfo sition as registered age ely reflect a change in has been notified in wi	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
0:			* *
Signal	ture of Registered Agent	• · · ·	

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