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D. SCOTT AUG 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: International Tile & Coping 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:					
Javier Figueroa Name of Person International Tile & Coping LLC Firm/Company 6969 Longmeade LN.					
Orlando, FL 32822 City/State and Zip Code # I/e coping Damail Com E-mail address wto be used for future annual report notification)					
E-mail address to be used for future annual report notification)					
For further information concerning this matter, please call:					
Savier Figuer 0a at (407) 409-5135 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:					

□ \$55 Filing Fee & Certified Copy

🛛 \$25 Filing Fee

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1 107 1140						
	me of the limited liability company: <u>Internat</u>	tional	The P Cop	ing LLC		
2. (a)	6969 Longmede LW. Principal office address of limited liability company:	(b)	4969 Lon	s of limited liability company:		
. ,		_ `.				
	(Note: MUST BE STREET ADDRESS)		(<u>Note: MA)</u>	Y BE POST OFFICE BOX)		
	Orlando FL 32822		Orlando, F.	1. 32822		
)			
	O2 /18/2017 Date of filing/registration in Florida		L170000394"	73		
3.	Date of filing/registration in Florida	4.	Document :	numoe:		
5 (2)	Javier Francisco					
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
	7434 Kalan, st.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	0//					
	Orlando 5	328	<u> </u>	86 TH		
				ELECTION OF THE PROPERTY OF TH		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()(Coo = 44				
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	<u> </u>		
	6969 Longmeade LN.			第二 2		
	NEW Registered Office Address:					
	Orlando .FL	328	322			
	, FL.					
If the li	mited liability company is not organized under the law	vs of the t	State of Florida, it is he	ereby confirmed that after		
agent v	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	ibility cor	mpany, it is hereby cor	ifirmed that the change(s)		
was/wo	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the limi	ted liability company of	or as otherwise provided in		
			• • •	- 10.40c		
Signa	Javen Liquero ure of a member or authorized representative of a member		Javier F, Printed or typ	ed name of signee		
I herei	ov accept the appointment as revistered agent and agr	ee to act .	in this capacity. I furt	her agree to comply with the		
provisi the obl	ons of all statules relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h	performa I for in C	nce of my duties, ánd h hapter 605, F.S. Or. ii	l am familiar with and accept I this document is being filed		
to mere notified	ly reflect a change in the registered office address, I h I in writing of this change.	néreby co	nfirm that the limited l	iability company has been		
	re of Registered Agent					
Signatu	e of Registered Agent					

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