

L55966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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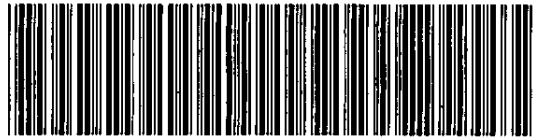
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Change
10-19-09
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: S.W. Fla. Floorcrafters, Inc.
Name of Corporation

DOCUMENT NUMBER: L 55966

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles C. Jones, II
Name of Contact Person

Warchol Merchant & Bollings, LLP
Firm/Company

11633 SE 47th Terrace
Address

Cape Coral, FL 33904
City/State and Zip Code

Jones@wmrlawoffice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles C. Jones, II at (239) 542-0700
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LAW OFFICES
WARCHOL, MERCHANT & ROLLINGS, LLP

A FLORIDA LIMITED LIABILITY PARTNERSHIP
FEIN 59-2851736

MARTHA S. WARCHOL
WILLIAM C. MERCHANT
Certified Circuit Court Mediator
Court Appointed Arbitrator
HARVEY ROLLINGS
Certified Circuit Court Mediator
MARK A. HOROWITZ, PA
CHARLES C. JONES, II, PA
ANNETTE GIARDINA HABER
J. DERRICK MAGINNESS

1633 SOUTHEAST 47TH TERRACE
CAPE CORAL, FLORIDA 33904
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CAPE CORAL, FLORIDA 33910

(239) 542-0700
FAX (239) 542-5689
Firm email: www.WMRLawoffice.com
JONES@WMRLAWOFFICE.COM

October 9, 2009

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


Re: Registered Agent Amendment

Dear Secretary:

Enclosed is an original Statement of Change of Registered Office or Registered Agent or Both for Corporations form which has been fully executed together with the appropriate filing fee in the amount of \$35.00 is enclosed. Please feel free to contact me should you have any questions.

I appreciate your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me.

Very Truly Yours,



Charles C. Jones, II, Esquire

CCJ/dl
Enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: S. W. FLA. Floorcrafters, Inc.
2. The principal office address: 12890 Metro Pkwy
Fort Myers FL 33966
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 03/8/1990 Document number: L55966
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

John M. Wicker
12670 New Brittany Blvd Suite 10
Fort Myers; FL 33907

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles C. Jones, II
Warchol, Merchant + Rollings LLP
P.O. Box NOT acceptable
11633 SE 47th Ter, Cape Coral, FL 33904

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director Charles Jones agent for Kevin Knapp

Printed or typed name and title Charles Jones

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent 10/9/09
Date

If signing on behalf of an entity:

Typed or Printed Name _____

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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09 OCT 15 PM 2:50
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TAMM THASS F. FLORIDA