

L970000000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

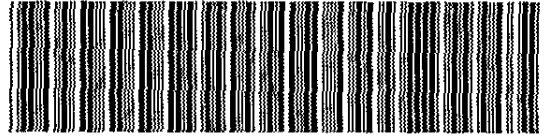
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

③ 10/23 R/A change

L97-47

Office Use Only



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10/23/02--01055--003 \*\*25.00

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02 OCT 23 AM 8:58  
FALL ARIZONA

LAW OFFICES OF

**KIMPTON, BURKE & BOBENHAUSEN, P.A.**

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WILLIAM J. KIMPTON  
ROBERT C. BURKE, JR.  
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FAX (727) 796-0909  
EMail: bob.burke@kbblaw.net

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SUITE 100  
CLEARWATER, FL 33761-2698  
TELEPHONE (727) 791-0063

October 21, 2002

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

RE: Gulfstream Flooring Distributors, L.C.  
Our File No. 10,936.04.6.000

Gentlemen:

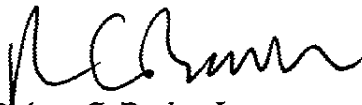
Enclosed is Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the captioned company. Please file the same in the records of your office.

Please date stamp the duplicate copy enclosed with the filing information and return in the self-addressed, stamped envelope also enclosed.

Further enclosed is our check in the amount of \$25 covering your filing fees.

Sincerely,

KIMPTON, BURKE & BOBENHAUSEN, P.A.



Robert C. Burke, Jr.

RCB/cg  
Enclosures  
cc: Mr. Brian Solenberger

**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 limited liability company is: Gulfstream Flooring Distributors, L.C.
2. The mailing address of the limited liability company is : 3719 Corporex Drive, Suite 75,  
Tampa, Florida 33619

- January 9, 1997 L97000000047
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

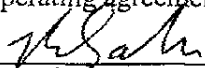
Amerilawyer Chartered  
Name  
343 Almeria Avenue  
Address  
Coral Gables, FL 33134  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Brian Solenberger  
Name  
3719 Corporex Park Drive, Suite 75  
Florida street address (P.O. Box **NOT** acceptable)  
Tampa FL 33619  
City, State and Zip

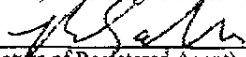
**FILED**  
02 OCT 23 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Brian Solenberger, Managing Member  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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