

M05 000006609

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 515751 7625719

AUTHORIZATION :

COST LIMIT : \$ 25.00

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TALLAHASSEE, FLORIDA

ORDER DATE : April 4, 2008

ORDER TIME : 9:22 AM

ORDER NO. : 515751-100

CUSTOMER NO: 7625719

CHANGE OF AGENT

NAME: CARPET WORKSHOP FLORIDA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS: \_\_\_\_\_

**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: CARPET WORKSHOP FLORIDA, LLC.
2. The mailing address of the limited liability company is : 333 NORTHWEST AVE.  
NORTHLAKE, IL 60164

3. Date of filing/registration in Florida 11/28/2005
4. Document number M05000006609

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

CT Corporation System  
Name  
1200 South Pine Island Rd  
Address  
Plantation, FL 33324  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32301  
City, State and Zip

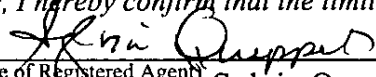
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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)

Maureen Cullen, Authorized Person  
(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) Sylvia Queppet, Asst. Vice President

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

FILING FEE: \$25.00