

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000224636 3)))



H150002246363ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED FLOORING AND DESIGN OF NORTH FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

15 SEP 18 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 18 A 8:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Flooring and Design of North Florida, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Mango

Name of Person

Advanced Flooring and Design, LLC

Firm/Company

5 Commerce Way, Suite 160

Address

Hamilton, NJ 08691

City/State and Zip Code

fmango@advancedfloors.net

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

For further information concerning this matter, please call:

Frank Mango

at (609) 490-0389

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

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (12/14)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Advanced Flooring and Design of North Florida, LLC
2. The Florida document number of this limited liability company is: M11000002803
3. Jurisdiction of its organization: Pennsylvania
4. Date authorized to do business in Florida: June 1, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Advanced Flooring & Design Division of ISI, LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

Advanced Flooring & Design Division of ISI, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

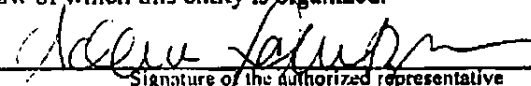
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

FILED
2015 SEP 18 A 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Adena Schutzman

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2015 SEP 18 A 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

September 17, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the Indices and Records of this Department, it appears that Certificate of Amendment was filed pursuant to the laws of the Commonwealth of Pennsylvania on September 11, 2015, for Advanced Flooring and Design, LLC, a Pennsylvania limited liability company, organized February 22, 2008, whereby the organizations name was changed to Advanced Flooring & Design Division of ISI, LLC.

I DO FURTHER CERTIFY, That this shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Secretary of the Commonwealth

Certificate Number: [TCO150917JD0380]-1

Verify this certificate online at <https://www.corporations.pa.gov/order/verify>