P00000002503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(=======,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900417866919

10.1.70.5-010.5--004 **80.00

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Burns Tile & Design, Inc. Name of Corporation	
DOCUMENT NUMBER: P00000002503	
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:
Jeffrey A. Burns	
Name of Contact Person	
Burns Tile & Design, Inc.	
Firm/Company	
2529 Daisy Dr	
Address	
North Port, FL 34289	
City/State and Zip Code	
burnstileanddesign@gmail.cor	n
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pl	lease call:
Jeffrey A. Burns	at (941) 628-6132 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporat	tion organized under the laws of the State of Florida
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Burns Tile & Do office address: 2529 Daisy Dr.,	North Port, FL 34289
2. The principa	office address:	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 01/03/20	Document number: P00000002503
	d street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)
	David K. Oaks (Resigned)	
	252 W. Marion Ave.	
	Punta Gorda, FL 33950	
6. The name an (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office
	Jeffrey A. Burns	
	2529 Daisy Dr	
		P.O. Box NOT acceptable
	North Port, FL 34289	
The street addr as changed wil	ess of its registered office and (I be identical.	the street address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so s been notified in writing of the change.
$\bigcap \mathcal{U}_{\alpha,\mu}$	4 Quant	Jeffrey A. Burns/Owner
Sign	ife of air officer or director	Printed or typed name and title
Lhereby accept Thirther agree	to comply with the provisions of	agent and agree to act in this capacity. of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this inge in the registered office address, I hereby confirm that the is change.
). Mand	HR son	10/26/2023
	mature of Registered Agent	Date
If signing on bo	chalf of an entity:	
Jeffrey A. Burns		
i	yped or Printed Name	

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