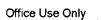
P0100062478

•		
(Requestor's Name)		
(Address)		
(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:		
Special instructions to Filling Officer.		





100132438021

07/08/08--01024--009 **35.00





TO: Amendment Section Division of Corporations

SUBJECT: DESIGN AND CONSIGN FURNITURE INC.

(Name of Corporation)

DOCUMENT NUMBER: PO 1000062478

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:

JANET F LUSTIK

(Name of Contact Person)

DESIGN AND CONSIGN FURNITURE INC.

(Firm/Company)

2028 S. RIDGEWOOD SOUTH DAYTOND 32119

(Address)

SOUTH DAYTONA, FL. 32119

(City/State and Zip Code)

For further information concerning this matter, please call:

Janet F. Lus TIK at (386), 290-8080

(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

CR2E045 (8/05)

	•	
-4-4	A transfer of the second of th	of Florida
statement of char in order	ge is submitted for a corporation organized under the laws of the State of the change its registered office or registered agent, or both, in the State of	· ————————————————————————————————————
1. The name of th	office address: 2028 S. RIOGEWOOD AND	res, INC.
2. The principal of	office address: 2028 S. RIOGEWOOD AND	, /
z. The principal c	50074 DAYTONA, F1. 32119	
3. The mailing ad	dress (if different):	
4. Date of incorpo	pration/qualification: NE 18, 200 Document number: Po	1000062478
5. The name and : Florida Departs	street address of the current registered agent and registered office on file ment of State:	with the
	TRACOY RICKOBOUGH	
, 	TRACOY RICKOBOUGH	
<u>-</u>	PORT DEANGE, 71 32127	<u>. </u>
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered	office S
(II vilailgou).	SANOT K LUSTIK	JO T
-	1991 SPRUCE CREEK CURCIS NO	- 00 F
-	1991 SPRUCE CREEK CURCIE NO (P.O. BOX NOT acceptable) PORT ORANGE, FI 32128	P D D
	of its registered office and the street address of the business office of identical.	
A	authorized by resolution duly adopted by its board of directors or by board, or the corporation has been notified in writing of the change.	
Macus	Hickdraud Tracey Rich (Printed for typed name a	kobaugh
I hereby accept the I further agree to of my duties, and document is being	e appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and clam familiar with and accept the obligation of my position as registe filed merely to reflect a change in the registered office address, I hereen notified in writing of this change.	omplete performance red agent. Or, if this eby confirm that the
corporation has b		
(Signal	fruit di Registered Agent) 7/2/20	08
If signing on beha	If of an entity:	
	T LUSTIK	
. (Тур	ed or Printed Name) * * * FILING FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	
MAII CR2E045 (8/05)	TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FI	. 32314
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