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SECRETARY OF STATE.

R. A. change

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TICE MARKET VERO BEACH INC (Name of corporation)
DOCUMENT NUMBER: P 0/0000 8/33 2
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:
LEE NEWMAN (Name of person)
(Name of person)
TILE MARKET VERO BEACH INC. (Name of firm/company)
(Name of firm/company)
253 SW MONTEREY RD, (Address)
(Address)
STUART, FL. 34994 (City/state and zip code)
For further information concerning this matter, please call:
(Name of person) at (772, 283-2(25)) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallabasses FL 32314Tallabasses FL 32309

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

1 The name of the co-	rporation: TILE MA	both, in the Sta		`a)C	
2. The principal office		-	CEY RO.		·
		LT, FL	347/9		
3. The mailing address	s (if different):				
4. Date of incorporation	on/qualification: 08/15/	200 Docu	ment number: POI	000081332	
	t address of the current register				
	LEE NEW,	man.			
	320 S, F.	. 1. 1 1			
	C)		. h		
	Styart	, FL 3	4779		
6. The name and stree (if changed):	t address of the new registered	agent (if change	ed) and /or registered of	SECRETARY OF STA	مر ر ا
	LEE NE	WMAN		2002	ا ح
			Rey RIA	FR	<u> </u>
	253 S 4. (P.O. Box or per	sonal mailbox NOT ac	xeptable)	705	
	STUART	-, FC	34994		•
The street address of		•		its registered agent	90
	its registered office and the sical.				
Such change was autithe board, or the corp	horized by resolution duly ad- oration has been notified in v	opted by its boa	ird of directors or by ai lange.	n officer so authoriz	ed by
Kul	1 - from	J		_	
(Signate	of an officer or director)		LEE NE	I name and title)	
I hereby accept the at	oppointment as registered agen iply with the provisions of all liar with and accept the oblic	nt and agree to statutes relative sation of my pos ered office addr	act in this capacity te to the proper and co sition as registered age ess, I hereby confirm t	mplete performance mt. Or, if this docur hat the corporation	of n nent has
I further agree to con duties, and I am fami being filed merely to been notified in writi	reflect a change in the registency of this change.				
een noujtea in writt	reflect a change in the registering of this change. ure of Registered Agent)			Date)	

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