

Lakeland, FL 33811 (863) 644-0828 Phone and Fax

Elite Tile of Central Florida, Inc.

• Comm	nents:			00004784;	272-
X Urgen	t 🗆 For Review	☐ Please Comment	☐ Please Reply	☐ Please Recycle	
Re:		CC:		_	_
Phone:		Date:	1/16/2002	29 RIDA	
		Phone:	(863) 644-0828	F. S. 2:	
To: [Division of Corporations	From:	Stacey Simpson	O2 JAN 18)	

PS 1/23/02-

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida
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 corporation: Elite Tile of Central Florida Inc.
2. The mailing address of the corporation: 3616 Century Blud. Suite 11 Lakeland, FL 33811
3. Date of incorporation/qualification: 1-2-02 Document number: P020000072
4. The name and address of the current registered agent and office:
Richard D. Nesvacil
3616 Century Blud. Str. 11
Lakeland FL 33811 EF 8
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
Hmy Nesvacil
3616 Century Blud Stell
Lakeland, PL 33811
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of anyofficer, chairman or vice chairman of the board) (Date)
Hmy Nesvacil, Vresident (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.
Signature of Registered Agent) -16-02 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(9/00)

P.O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS