

P02000050727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

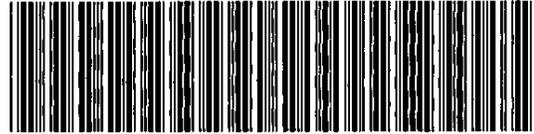
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2007

ROY MILDNER  
MILDNER TORRES & BLAKE  
101 N. US HWY 1, SUITE 200  
FORT PIERCE, FL 34950

SUBJECT: COASTAL FLOORS II, INC.  
Ref. Number: P02000050727

We have received your document for COASTAL FLOORS II, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 307A00062562

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Floors I Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000167402

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:

Roy Mildner  
(Name of Contact Person)

Mildner, Torres + Blake  
(Firm/Company)

101 N. Hwy 1, Ste 200  
(Address)

Fort Pierce, FL 34950  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jay Meltzer at (772) 340-0372  
(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

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**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Coastal Floors II, Inc.
- 2. The principal office address: 8509 S. Federal Hwy  
Port St Lucie, FL 34952
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 05/08/02 Document number: P02000050727

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

All Florida Firm Inc  
813 Deltona Blvd. Ste A  
Deltona, FL 32725

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

Roy Mildner  
101 N US Hwy 1 Ste 200  
(P.O. Box NOT acceptable)  
Ft. Pierce, FL 34950

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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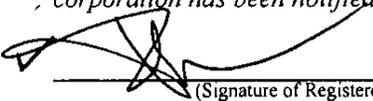
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Jay Meltzer  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

10.18.07  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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