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Division of Corporations
SUBJECT: Florida Furniture Service, Inc., (Name of Corporation)
DOCUMENT NUMBER: P02000 93 396
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:
Chester T Hoke (Name of Contact Person)
Florida Furniture Service, Inc.
1740 Casta Del Sol
Boca Raton, FL 33432 (City/State and Zip Code)
For further information concerning this matter, please call: Lurt Prave at (56) 271-1647 (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

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
1. The name of the corporation: Florida Furniture Service, Inc. 2. The principal office address: 1740 Costa Del Sol, Boca Raton, FL 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/27/02 Document number: P0200093396
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Lort A. Pravel
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Chester J. Hake 1740 Costa Del Sol Boxa Raton, FL 33432
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 a officer or director) (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) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

Make Checks Payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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