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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	

REGISTERED AGENT CHANGE EAGLE CARPET RESTORATION, INC.

Certificate of Status	0
Cartified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Amendment Section TO:

Division of Corporations

EAGLE CARPET RESTORATION, INC.

Name of Corporation

P02000105734

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888 705-7274

Area Code & Davtime 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 (03/12)

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

statement of char	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regist	nized under the laws of the State of	FLORIDA
	he corporation: EAGLE CARPET I		
2. The principal	office address: 3389 Sheridan Stre	eet #186	
3. The mailing a	ddress (if different):		
4. Date of incom	poration/qualification: 09/27/2002	Document number: P0200	00105734
5. The name and Florida Depar	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file water	vith the
·	Baker, Reid S. Esq.		_
	110 SE 6TH Street Suite 1700	0	_
	Ft Lauderdale, FL 33301		_
6. The name and (if changed):	d street address of the new registered ag		TALLAH
	Registered Agent Solutions,		75 - mm
	155 Office Plaza Dr., Suite A	OT acceptable	- SSE 6
	Tallahassee, FL 32301		
as changed will			5 (,-
Such change was authorized by the	as authorized by resolution duly adopte he bourd, or the corporation has been n	ed by its board of directors or hy ar sotified in writing of the change.	nofficer so
/s/ Raymo	nd Wagner	Raymond Wagner	President
I hereby accept I further agree performance of	the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all storms duties, and I am familiar with and its document is being filed merely to rethat the purporation has been notified	Printed or typed name and intending agree to act in this capacity, put as relative to the proper and collacter the obligation of my position for a change in the registered off in writing of this change.	
		08/02/2017	
	enable of Registered Agent enable of an entity:		
Justine Karı	nell - Assistant Secretary		
7	Typed or Printed Name * * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)