## P02000107831

(Requestor's Name)	
5W/SSAUGE PROVIDES	
DIVERSIFIED FINANCIAL SERVICES	_
	l÷≖ F
1971 S.E. Port St. Lucie Boulevard Port St. Lucie, Florida 34952	
Toff of Edele, Horida 54752	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
THORSE WAIT	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
	_
	_
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

G. Coullistes NOV 1 7 2003

## 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: Yramid - Tile & Marble Jac.	
2. The principal office address: 7907 Westmort Dr.	
At- Penne, F1 34951	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/3/02 Document number: 102 000 107	\$3°
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
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7907 Westmant. Dr.	П
10-1 Price FL 34951 35 5	=
6. The name and street address of the new registered agent (if changed) and /or registered office of	f CT
changed):	_
Michael Green	
7907 Westmont Dr.	
(P.O. Box or personal mailbox NOT acceptable)	
to-+ Prese FL 34951	
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, chairman or vice chairman of the board)  (Printed of 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.	
Thulling = 7-9-03	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:  Pyram, differential Name)  Reg Agruf.  (Typed or Printed Name)  (Capacity)	
(coherat)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:

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