P03000117106

(Req	uestor's Name)	
(Add	ress)	<u> </u>
(Addı	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	





700080999737

10/25/06--01022--015 **35.00

06 OCT 25 AM IO: 15

OX RA

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: NGUYEN'S CUSTOM FLOORS,	INC.		
(Name of C	(orporation)		
DOCUMENT NUMBER: P03000117106			
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
CHING			
(Name of Co	ntact Person)		
NGLIVEN'S CLIST	OM FLOORS, INC.		
(Firm/Co			
	•		
9121 TOLLISO	ON LOOP		
bbA)	ress)		
LAND O LAKES, FLORIDA 34638, USA			
(City/State ar	nd Zip Code)		
For further information concerning this matter, please of	call:		
CUONG NGUYEN	at (813) 401-1721		
(Name of Contact Person)	at (813) 401-1721 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Depart	ment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Amendment Section Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florid in organized under the laws of the State of in registered agent, or both, in the State of	of
	5 6 1	r registered agent, or both, in the State o	y Fioriaa.
	he corporation: NGUYEN'S CUS	•	
2. The principal	office address: 5045 BALSAM D	RIVE , LAND O' LAKES, FLORIDA 346	39, USA
3. The mailing a	ddress (if different): 9121 TOLL	ISON LOOP, LAND O LAKES, FLORI	DA 34638, USA
4. Date of incorp	oration/qualification: 10/21/200	Document number: P030	00117106
	street address of the current regi	stered agent and registered office on file	with the
	CHI NGUYEN: 5045 BALSAM DR	IVE , LAND O' LAKES, FLORIDA 34639, U	JSA
<u>.</u>		-	· ,
			0ر آمر
6. The name and (if changed):	street address of the new registe	red agent (if changed) and /or registered	FIL 50CT 25 LAHASSE office
,	CUON	G NGUYEN	
	9320 CRESCENT LOOP CIRC (P.O. Box NOT	CLE #106, TAMPA,FLORIDA 33619, Uacceptable)	CS
		e street address of the business office of	
Such change wa authorized by th	s authorized by resolution duly board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so
A. Signatu	re of an officer or director)	CHI NGUYEN (Printed or typed name)	PRESIDENT
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered a	gent and agree to act in this capacity. all statutes relative to the proper and the obligation of my position as regist age in the registered office address. I he	ŕ
di	nature of Registered Agent)	10/21/2003	
. •		(Date)	
If signing on be	half of an entity:		
	CHI NGUYEN		
(1	yped or Printed Name) * * * * ****************************	INC EFF. 235 00 * * *	