## 030001359

·				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200175103612

04/12/10--01037--025 ++122.50

SAT. PRS190.

## **COVER LETTER**

	endment Section sion of Corporations			
SUBJECT:	CONTINENTAL FLOO Name of Co			
DOCUMEN	VT NUMBER: PO30	000135913		
The enclosed	d Statement of Change of Registered Office	Agent and fee are submitted for filing.		
Please return	all correspondence concerning this matter	to the following:		
	,	-		
	Alfredo E	. Garcia		
Name of Contact Person				
CONTINENTAL FLOOR & TILES, INC. Firm/Company				
	Firmico	трапу		
3785 NW 79th AVENUE				
Address				
Doral, FL 33166				
City/State and Zip Code				
agaraja@alaaranaa aam				
agarcia@alcorense.com  E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please c	all:		
	Alfredo E. Garcia	a.( 305 ) 994-7722		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a	a \$35.00 check made payable to the Depart	ment of State.		
	Mailing Address:	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		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TATEORIAN PHY 4:25

I, Adriana Frazier	, hereby resign as Vice President	
•,	(Title)	
of CONTINENTAL FLOOR & TILE, INC.	ion)	
PO3000135913 ,a corpo	oration organized under the laws of the State of	
Florida		
(Signature of	resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314