

P04000 32161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

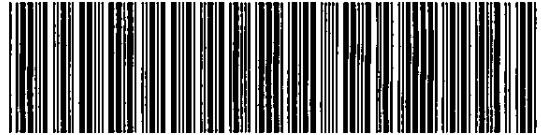
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

Handwritten signature and date 4/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Carpet + Tile
Name of Corporation

DOCUMENT NUMBER: P040000 32161

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:

Vince Nicholas
Name of Contact Person

Paradise Carpet + Tile
Firm/Company

740 S. US Hwy 441 / 27
Address

Lake Lake FL 32159
City/State and Zip Code

Vnicholas@paradiseflooringfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vince Nicholas at (352) 751-4752
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 FL
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paradise Carpet + Tile
2. The principal office address: 740 S. US Hwy 441/27
Lady Lake FL 32159
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/2004 Document number: P0400032161

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Michelle Nicholas
740 S. US Hwy 441/27
Lady Lake FL 32159

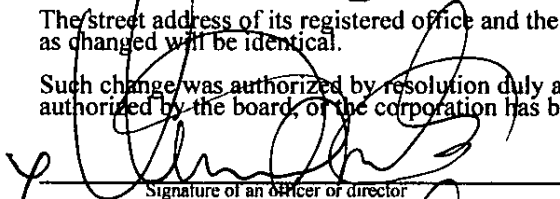
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Vince Nicholas
740 S. US Hwy 441/27
Lady Lake FL 32159
P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

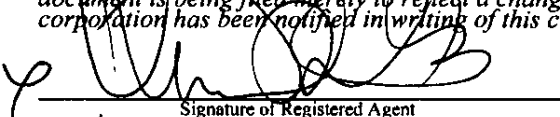
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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 or director

Vince Nicholas Pres.
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

4-5-10
Date

If signing on behalf of an entity:

Vince Nicholas
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314