## P0400056914

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800031734758

04/07/04--01016--006 \*\*35.00

OLAPR 23 AM 9: 26

PS 4/27/04



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 14, 2004

HOME FABRIC DECOR, INC. 568 MAJESTIC OAK DR APOPKA, FL 32712

SUBJECT: HOME FABRIC DECOR, INC.

Ref. Number: P04000056914

We have received your document for HOME FABRIC DECOR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Letter Number: 304A00024667

Pamela Smith Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Home Fabric Decor, Inc. (Name of corporation)		
DOCUMENT NUMBER: P04 00 00 56914		
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:		
Tamra L. Hall		
(Name of person)		
Home Fabric Decor, Inc. (Name of firm/company)		
568 Majestic Oak Drive		
Apopka FL. 32712 (City/state and zip code)		
For further information concerning this matter, please call:		
Tamva L. Hall at (407) 256-6250  (Name of person)  (Area code & daytime telephone number)  Enclosed is a \$35.00 check made payable to the Department of State. (407) 814 - 9021		
Enclosed is a \$35.00 check made payable to the Department of State. (407) 814 - 9021		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399		

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.
The hand of the corporation.
2. The principal office address: 508 Majestic Oak by.
3. The mailing address (if different):
4. Date of incorporation/qualification: 4204 Document number: P04 0000 569 14
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
- France Fl. Flatt
568 Majestic Oak Ar. = 3
Appka fl. 32712 SS WEST
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tamra L. Hall
568 majestic Oak Dr.
(P.O. Box or personal mailbox NOT acceptable)  APOPKA, FL 32712
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.
Tamra L. Hall - Pres
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.
Admia R. Alle 4/19/04 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)