P04000132075

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| | - 1 1 1 - 1 - 1 | <u></u> |
| (LC | cument Number) | |
| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | <u></u> |
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Office Use Only



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SEORETARY CONTRACTOR

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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: ANACONDA TILE, INC. (Name of corporation) | | |
| DOCUMENT NUMBER: P04000132075 | | |
| 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: | | |
| ELIWAR DECARVALHO (Name of contact person) | | |
| E.R.C. CONSULTING, INC. (Firm/Company) | | |
| 2929 E COMMERCIAL BLVD, 409 (Address) | | |
| FT LAUDERDALE, FL 33308 | | |
| (City/state and zip code) | | |
| For further information concerning this matter, please call: | | |
| ELIWAR DECARVALHO (Name of contact person) at (954) 491 1950 ext 213 (Area code & daytime telephone number) | | |
| (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 409 E. Gaines Street Tallahassee, FL 32399 | | |

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

| statement of change is submitted for a co | 7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this rporation organized under the laws of the State of FLORIDA doffice or registered agent, or both, in the State of Florida. | | |
|---|--|--|--|
| 1. The name of the corporation: ANACON | NDA TILE, INC. | | |
| 2. The principal office address: 4930 W. ORLANDO, FL 32822 | WHALERS WAY | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 09 | /20/2004 Document number: P04000132075 | | |
| 5. The name and street address of the curr Florida Department of State: | rent registered agent and registered office on file with the | | |
| CARLOS E. AZEVEDO | | | |
| 4410 BOUGAINVILLA | DRIVE, # 1 | | |
| FORT LAUDERDALE, | FORT LAUDERDALE, FL 33308 | | |
| 6. The name and street address of the new (if changed): | v registered agent (if changed) and /or registered office | | |
| MARIA A. NOGUEIRA | ROCHA 2 0 | | |
| 4930 W. WHALERS WA | | | |
| · | Box NOT acceptable) ' Cn | | |
| ORLANDO, FL 32822 | | | |
| The street address of its registered office as changed will be identical. | e and the street address of the business office of its registered agent, | | |
| Such change was authorized by resolutionauthorized by the board, or the corporat | on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change. | | |
| Signature of an officer of director) | MARIA A. NOGUEIRA ROCHA, VICE PRESIDEN (Printed or typed name and title) | | |
| I hereby accept the appointment as regingly lighter agree to comply with the proving my duties, and I am familiar with ana document is being filed merely to reflect corporation has been notified in writing | stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete performance I accept the obligation of my position as registered agent. Or, if this t a change in the registered office address, I hereby confirm that the of this change. | | |
| Harric Signatur of Registered Agent) | Pocha 11/03/2004 (Date) | | |
| If signing on behalf of an entity: | | | |
| (Typed or Printed Name) | | | |

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