P04000157697

	(Requ	iestor's Name)	
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PICK-UF	•	☐ WAIT		MAIL
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	(Busir	ness Entity Na	me)	
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Certified Copies		Certificate	s of Statu	s
Special Instructions	to Fil	ling Officer:		

Office Use Only



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SECRETARY OF STATE
TALLAHASSEF, FINALE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Macs Carpet Service Installation inc. (Name of Corporation)
DOCUMENT NUMBER: 04000157697
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:
Jorge Gutverrez (Name of Contact Person)
Macs Carpet Service Installation, Inc
3386 NW 151 texus
Miami Fl. 33054 (City/State and Zip Code)
For further information concerning this matter, please call: Jorge Sutverve at (305), 953-4107 (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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Macs Carpet Service Installation
2. The principal office address: 3380 (1) (5) 151+27C
miani (-1. 53054
3. The mailing address (if different):
4. Date of incorporation/qualification: 118-2004 Document number: Po400157697
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Alerre Glaurnier
3380 NW 151 ter
Miain F1. 33054.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Sorge Stutter/e L FT F 11
$\frac{3380}{\text{(P.O. Box NOT acceptable)}} \left(\frac{15177}{\text{(P.O. Box NOT acceptable)}} \right) = \frac{3380}{\text{(P.O. Box NOT acceptable)}} = \frac{15177}{\text{(P.O. Box NOT acceptable)}} = \frac{1517}{\text{(P.O. Box NOT acceptable)}} = \frac{1517}{(P.O$
Mami Fl. 33054 FS = D
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.
Pierre Southier Pierre Grauthier (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) (Date)
If signing on behalf of an entity:
JORGE GUTIERREZ
(1yped or Printed Name)

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