## P05000016488

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: M FLOOVING INC. (Name of Corporation)			
DOCUMENT NUMBER: \$05000 16488			
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:			
Paul Eager (Name of Contact Person)			
PM Flooring, Inc. (Firm/Company)			
12625 SW 78th pl. (Address)			
Dunnellon, Fl. 34432 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Paul Eager at (352) 489-0540 (Area Code & Daytime Telephone Number)			
(Alea 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

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: PM Flooring Inc  2. The principal office address: 12625 SW JN8th p1.  Dunnellon, F1. 34432
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-1-05 Document number: P0500016488
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Paul Eager
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.    A C E R     (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.    C   (Date)
(Typed or Printed Name)

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

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