

P05000055365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

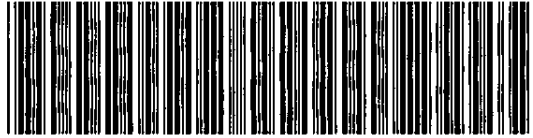
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 MAY -4 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/8/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millennium Tile INC
Name of Corporation

DOCUMENT NUMBER: P05000055365

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:

Pellumb Skendaj
Name of Contact Person

Millennium Tile INC
Firm/Company

10542 Autumn Trace Rd .
Address

Jacksonville, FL 32257
City/State and Zip Code

SKendaj@att.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Pellumb Skendaj at (904) 662-0381
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Millennium Tile INC
2. The principal office address: 10542 Autumn Trace Rd.
Jacksonville, FL 32257
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/14/2005 Document number: P05000055365
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)

Pellumb Skendaj
10542 Autumn Trace Rd.
Jacksonville, FL 32257

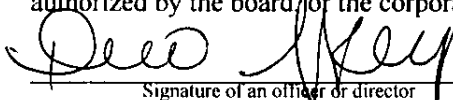
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nikoll Zefi
7400 Powers Ave Apt 312
P.O. Box NOT acceptable
Jacksonville, FL 32217

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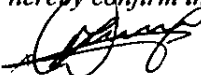
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.


Signature of an officer or director

Pellumb Skendaj (Owner)
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

4/30/2015
Date

If signing on behalf of an entity:

Nikoll Zefi
Typed or Printed Name

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