(Requestor's Name)					
(Address)					
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	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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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)					
E-mail address (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Pellumb Skendaj Name of Contact Person at (904) 662-0381 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, or organized under the laws of the registered agent, or both, in the	State of FLORIDA
	the corporation: Millennium 7	o o	
2. The principal	office address: 10542 Autun Jacksonville	nn Trace Rd.	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 4/14/20	Document number:	P05000055365
	d street address of the current regi- rtment of State: (If resigned, enter	stered agent and registered office resigned)	on file with the
	Pellumb Skendaj		
	10542 Autumn Trace	₹₫.	
	Jacksonville, FL 32257	7	- 3
6. The name and (if changed):	· ·	red agent (if changed) and /or regi	stered office See Floral
	Nikoll Zefi 7400 Powers Ave	+ 31)	
	P.O.	Box NOT acceptable	
	Jacksonville, FL 32217		
The street address changed will	ess of its registered office and the be identical.	e street address of the business of	fice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board for the corporation has b	adopted by its board of directors open notified in writing of the cha	or by an officer so nge.
Signatu	ire of an officer or director	Pellumb Skendaj	,
I hereby accept I further agree performance of	the appointment as registered as to comply with the provisions of my duties, and I am amiliar with	gent and agree to act in this capa all statutes relative to the proper h and accept the obligation of my to reflect a change in the registe otified in writing of this change.	and complete position as registered
6	of Desistand A	4/30/2015	
· ·	nature of Registered Agent	Date	
Nikoll Zefi	chalf of an entity:		
	yped 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 * * *