P05000010435

(Requestor's Name)						
(Address)						
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(Cit. (Ca.), (77.10)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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08/14/06--01009--015 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations						
CANDIDOT Cohon Elegation I.						
SUBJECT: Gator Flooring, Inc. (Name of Corporation)						
DOCUMENT NUMBER.						
DOCUMENT NUMBER:						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the f	ollowing:					
Adam Scott (Name of Contact Person)						
(Name of Contact Feb	isoli)					
	•					
(Firm/Company)						
551 NE Highway 441						
(Address)						
	•					
Williston, FL 32696						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Adam Scott at(252					
(Name of Contact Person) at (352) 231–5907 Area Code & Daytime Telephone Number)					
, , , , , , , , , , , , , , , , , , ,	•					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section	Street Address: Amendment Section					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					

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

statement of char	nge is submitted for	a corporation organized	507.1508, or 617.1508, Fi d under the laws of the Sta d agent, or both, in the Sta	ate of <u>Florida</u>
	ne corporation:			ne oj Fioriaa.
	•	17131 NE 29th		
2. The principal C	office address;	Williston, FL		
3. The mailing ac	ldress (if different):			
4. Date of incorp	oration/qualification	:5/26/06	Document number:	
5. The name and Florida Depart		current registered agen	t and registered office on	file with the
	Craig	R. Pegler		
	2251.NE 126th Court			
·		ton, FL 32696		
6. The name and (if changed):	street address of the	new registered agent (i	f changed) and /or registe	ered office
	Adam S	cott		
	551 NE	Highway 441		
	(P.O. Box NOT acceptable)			```
	Willis	ston, FL 32696		<u></u>
The street address as changed will be	ss of its registered of be identical.	office and the street add	dress of the business offi	ce of its registered agent,
Such change was authorized by the	s authorized by reso e board, or the corp	olution duly adopted by oration has been notifi	y its board of directors of ed in writing of the chan	r by an officer so ige.
A (Signatur	e of an officer or director)		Adam Scott, I	
I hereby accept to a further agree to of my duties, and document is bein corporation has	the appointment as to comply with the p of I am familiar with ng filed merely to re been notified in wr	registered agent and a rovisions of all statute, and accept the obliga flect a change in the r iting of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	ity. Ind complete performance gistered agent. Or, if this I hereby confirm that the
LNow	Sature of Registered Agent		8/11/06	
(Sigi	nature of Registered Agent)	(Date)	
If signing on beh	nalf of an entity:			
ут)	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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