## P0500081620

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:    | Amendment Section<br>Division of Corporation | ıs   |                 |   |  |  |  |  |  |  |
|--------|--|--|-----------------|---|--|--|--|--|--|--|
| SUBJ   | ECT:   | CHATTIN LA   | MINATES         | , INC.  |  |  |  |  |  |  |
| 0000   |  | (Name o  | of corporation  | on)   |  |  |  |  |  |  |
| DOC    | UMENT NUMBER:                                | P050000816   | 20              |   |  |  |  |  |  |  |
| The er | nclosed Statement of Char                    | nge of Registered O  | ffice/Agent     | and fee are submitted for filing.   |  |  |  |  |  |  |
| Please | return all correspondence                    | e concerning this ma   | atter to the fo | ollowing:   |  |  |  |  |  |  |
|        |  | John J. Cha  | attin           |   |  |  |  |  |  |  |
|        | <u></u> -                                    | (Name of   | contact per     | son)  |  |  |  |  |  |  |
|        |  | CHATTIN LAI  | MINATES (       |   |  |  |  |  |  |  |
|        | 1375 Arrowleaf Tr. (Address)                 |  |                 |   |  |  |  |  |  |  |
|        | D  | unnellon, Fl<br>(City/sta                                    |                 | ode)  |  |  |  |  |  |  |
| For fu | rther information concern                    | ing this matter, plea  | ise call:       |   |  |  |  |  |  |  |
|        | John J.                                      |  | at (            | 352 965 - 5572<br>Area code & daytime telephone number)   |  |  |  |  |  |  |
|        | (Name of contact                             | et person)   | ( /             | Area code & daytime telephone number)   |  |  |  |  |  |  |
| Enclo  | sed is a \$35.00 check mad                   | le payable to the De   | partment of     | State.  |  |  |  |  |  |  |
|        | Divisio<br>P.O. Bo                           | g Address:<br>Iment Section<br>on of Corporations<br>ox 6327 |                 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabassee, FL 32399 |  |  |  |  |  |  |

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

| Pursuant to the provisions statement of change is subt  | •  | tion organize   | d under the laws o   | f the State o  | fF1                              |   |   |
|---|--|---|--|--|----------------------------------|---|---|
| 1. The name of the corpora  | tion:  | CHATTI  | N LAMINATE   | S, INC.  |                                  |   |   |
| 2. The principal office add   | ress:1375  | Arrow1  | eaf Tr.  |  |                                  |   |   |
|   | Dunn   | ellon,  | FL 34431   |  | ĂĹ                               | <u> </u>                                      |   |
| 3. The mailing address (if o  | lifferent):  |   |  |  | LAHA                             | E T   |   |
| 4. Date of incorporation/qu   | alification: 6/7   | 7/05  | Document num   | iber: P(   | 05 <b>69</b> 00                  | 81620   | 7 |
| 5. The name and street add<br>Florida Department of S   |  | gistered ager   | at and registered of   | ffice on file  | with SEA                         | F: 21   | 3 |
|   | John J.  | Chatti  | n  |  |                                  | · –   |   |
|   | 6021 1   | 08th Av   | enue North   |  |                                  |   |   |
|   | Pinel1   | as Park   | , FL 33782   |  |                                  |   |   |
| 6. The name and street add (if changed):  |  | stered agent (<br>Chatti  | • ,  | r registered (   | office                           |   |   |
|   | - John J.  | Onacci  | 11   |  |                                  |   |   |
|   | 1375 Ar  | rowleaf<br>Tacceptable)   | Tr.  |  |                                  |   |   |
|   |  | on, FL  | 34431  |  |                                  |   |   |
|   |  |   |  |  | <del></del>                      |   |   |
| The street address of its reas changed will be identic  | gistered office and al.  | the street ad   | dress of the busin   | ess office o   | f its regist                     | tered agent,                                  |   |
| Such change was authorized by the board, o  | ed by resolution du<br>r the corporation ha  | ly adopted b<br>is been notif   | y its board of dire<br>ed in writing of t  | ctors or by<br>he change.                                  | an officer                       | r so  |   |
| (Signature of an office   | er or director)  | Jo  | hn J. Chat   | tin, Pr  |                                  | n t   |   |
| Ithereby accept the appoint I further agree to comply of my duties, and I am fan document is being filed my corporation has been noti | ntment as registerea<br>with the provisions<br>viliar with and acce<br>erely to reflect a chi<br>fied in writing of th | l agent and c<br>of all statute<br>pt the obliga<br>ange in the r<br>is change. | gree to act in this<br>s relative to the p<br>tion of my positio<br>egistered office a | s capacity.<br>roper and c<br>n as registe<br>ddress, I he | omplete pered agent<br>reby conf | performance<br>t. Or, if this<br>ìrm that the | 3 |
| Signature of Reg  | istered Agent)   | <del></del> -   | 6-13   | -05  |                                  |   |   |
| l'  | •  |   |  | (044)  |                                  |   |   |
| If signing on behalf of an  | •  |   |  |  |                                  |   |   |
| John J. Chatt   |  |   |  |  |                                  |   |   |
| (*Jpeu or Fride   |  |   |  |  |                                  |   |   |

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