P0500/66863

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of S	tatus	
Special Instructions to Filing Officer:		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	vision of Corporations	
SUBJECT	: RICARDO CARPET. (Name of Corp	INSTALLER INC oration)
DOCUME	NT NUMBER: P050001662	263
The enclose	ed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please retur	rn all correspondence concerning this matter to	the following:
	JAIRO GARO (Name of Contact	C/A person)
	(Firm/Comp	eany)
	73/3 N. Armeni (Address	A AUP
	Tampa, FL 3 (City/State and 2)	3604 Cip Code)
For further	information concerning this matter, please call:	
Rica	(Name of Contact Person)	at (<u>813</u>) <u>380 - 2865</u> (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departme	nt 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2007

JAIRO GARCIA 7313 N. ARMENIA AVE TAMPA, FL 33604

SUBJECT: RICARDO CARPET INSTALLER INC

Ref. Number: P05000166263

We have received your document for RICARDO CARPET INSTALLER INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 707A00040722

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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: Ricardo Carpet Installer INC
2. The principal office address: 2828 Thornhill Rd
Winter Haven, FL 33880
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: Pos000/66263
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
RICARDO LOPEZ
310 Seward St
Tampa, FL 3360L/ PS 9
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Ricardon / OPF7
2828 THORNHILL RD
2828 THORNHILL RD (P.O. Box NOT acceptable) Winter Haven, FL 33880
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.
Ricarno 16PEZ 1 RICARDO LOPEZ (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.
Ricano lópez L 7-/6-2007 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
RiCARDO LÓPEZ (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

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