

PD6000149632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

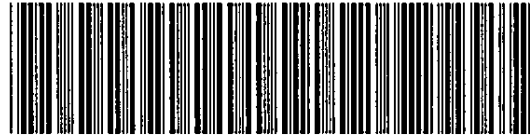
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
SEP 26 2013  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kreger Tile & Marble Inc.  
Name of Corporation

**DOCUMENT NUMBER:** PO6000149632

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:

Benjamin M Kreger  
Name of Contact Person

Kreger Tile & Marble Inc.  
Firm/Company

1244 Lake Clay Dr.  
Address

Lake Placid FL 33852  
City/State and Zip Code

Kreger tile @ hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Kreger at (586) 719-6341  
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: Kreger Tile & Marble Inc.
2. The principal office address: 1244 Lake clay Dr.  
Lake Placid FL 33852
3. The mailing address (if different): SAAE
4. Date of incorporation/qualification: 12/04/06 Document number: P06000149632
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)

Benjamin M Kreger  
198 Hillside Dr.  
Lake Placid FL 33852

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

Benjamin M Kreger  
1244 Lake Clay Dr.  
Lake Placid FL 33852

P.O. Box NOT acceptable

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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, or the corporation has been notified in writing of the change.

Ben Kreger  
Signature of an officer or director

Benjamin M Kreger (P)  
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.

Ben Kreger  
Signature of Registered Agent

9-15-13  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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