

PD80000023914

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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LAW OFFICES

**FRANK J. GRECO, P.A.**

A FLORIDA PROFESSIONAL ASSOCIATION

708 SOUTH CHURCH AVENUE

TAMPA FLORIDA 33609

TELEPHONE: (813) 287-0550

FAX: (813) 289-5331

Email: fgrecolaw@verizon.net

September 17, 2010

Secretary of State  
State of Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Wall 2 Wall Interiors, Inc.**

Dear Sir or Madam:

Enclosed please find a statement of change of registered office or registered agent or both for corporations. Also enclosed is a check in the amount of \$35.00 to cover the fees.

Should you have any questions regarding the above, please contact me immediately.

Sincerely,

**FRANK J. GRECO, P.A.**

Frank J. Greco

FJG/acp  
Enclosure

**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: Wall 2 Wall Interiors, Inc.
2. The principal office address: 3311 Majestic View Drive, Lutz, FL 33558
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 5, 2008 Document number: P08000023914

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)

Frank J. Greco, P. A.

4047 Henderson Boulevard

Tampa, FL 33629

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

Frank J. Greco, P. A.

708 South Church Avenue

P.O. Box NOT acceptable

Tampa, FL 33609

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.

*Mary S. Cozzetta*  
Signature of an officer or director.

\_\_\_\_\_  
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.*

*[Signature]*  
Signature of Registered Agent

9/14/10  
Date

If signing on behalf of an entity:

President: Frank J. Greco

\_\_\_\_\_  
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

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