P08000025695

(Re	questor'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:						
		0.08.00 - 2.100.00				

Office Use Only



600210813556

08/10/11--01006--021 **35.00

DIVISION OF CORPORATIONS

11 AUG 10 AM 8: 42

RARDONS

COVER LETTER

Division of	Corporations				
SUBJECT:	Royal American Ca	arpets, Inc.			
DOCUMENT NU	MBER: 1080000 256	9.5			
The enclosed States	ment of Change of Registered Office/A	Agent and fee are submi	itted for filing.		
Please return all co	rrespondence concerning this matter to	the following:			
		•			
	Brett Lewin				
	Name of Conta	ct Person			
	5				
	Royal American (Firm/Com	Carpets, Inc.			
		PJ			
	3901 Ravenswood F	Road Suite 102			
	Addres				
	Fort Lauderdale City/State and	, Fl. 33312			
	City/State and	Zip Code			
	brett@royalamerica	ncarpets.com			
	E-mail address: (to be used for futu	re annual report noti	fication)		
For further informa	tion concerning this matter, please call	:			
	Wendy Higgins	954	321-5721		
Nan	ne of Contact Person	Area Code & Dayti	321-5721 me Telephone Number		
Englosed is a \$25 A	0 check made payable to the Departme	ant of State			
Eliciosed is a \$33.0	o check made payable to the Departing	ant of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Se	ection		
	Division of Corporations	Division of Co	-		
	P.O. Box 6327	Clifton Buildin	•		
	Tallahassee, FL 32314		e Center Circle		
		Tallahassee, F	∟ 3 ∠3 ∪1		

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

statement of cha	ange is submitted for a co	orporation organiz	607.1508, or 617.1508, Flood and and or the laws of the Sta and agent, or both, in the Sta	nte of Florida
1. The name of	the corporation: Royal	American C	arpets Inc.	
2. The principal	office address: 3901 F	Ravenswood R	oad Suite 102	
Fort Laud	erdale, Fl 33312			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	5/8/2008	Document number:	P08000025695
	d street address of the cur rtment of State: (If resign		ent and registered office on t	file with the
	Greg Ross, P.A.			
	311 SE 10th Ct.			
	Ft.Lauderdale, Fl 3			
6. The name and (if changed):	d street address of the nev	-	(if changed) and /or register	TA AU
	One East Broward	Blvd. Suite 1	501	e of its registered age
		P.O. Box NOT a	ecceptable	AH 8:
	Ft.Lauderdale, Fl. 3	33301	· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office be identical.	e and the street ac	ddress of the business offic	e of its registered age
			by its board of directors or fied in writing of the chang	by an officer so ge.
Signatur	re of an other or director		Robert Higg Printed or typed name	
I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the provi of I and familiar with and the filed merely to reflect begin notified in writing hature of Registered Agent	istered agent and isions of all statut d accept the oblig st a change in the g of this change.	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	y, id complete performance istered agent. Or, if this hereby confirm that the
	half of an entity: A Lame yped or Pfinted Name	up	I	

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