

P09000056525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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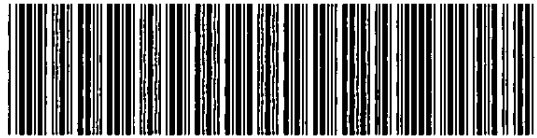
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R-A Charge
C.COULLIETTE

APR 06 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FULIN TILE OF UPPER KEYS, INC.
Name of Corporation

DOCUMENT NUMBER: P09000056525

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:

DORIAN B. FULIN, PRES./SEC
Name of Contact Person

FULIN TILE OF THE UPPER KEYS, INC.
Firm/Company

242 LIGNUMVITAE DRIVE
Address

KEY LARGO, FLORIDA 33037
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIAN B. FULIN at (305) 453-1805
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

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

1. The name of the corporation: FULIN TILE OF THE UPPER KEYS, INC.

2. The principal office address: 242 LIGNUMVITAE DRIVE, KEY LARGO, FLORIDA 33037

3. The mailing address (if different):

4. Date of incorporation/qualification: JUNE 30, 2009 Document number: P09000056525

DORIAN B. FULIN

1763 MUSCA DRIVE

KEY LARGO, FLORIDA 33037

DORIAN B. FULIN

242 LIGNUMVITAE DRIVE

P.O. Box NOT acceptable

KEY LARGO, FLORIDA 33037

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.

Signature of an officer or director

DORIAL FULIN, PRES./SEC.

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 of Registered Agent

Date _____

If signing on behalf of an entity:

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)