P1000353/5

(Requestor's Name) (Address)	900
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	1 / W.

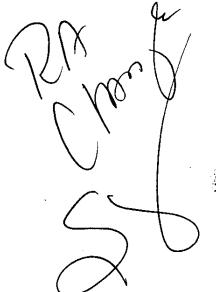
Office Use Only

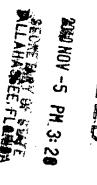
11-8-10



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11/05/10--01006--010 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Meserve Wood Flooring & Tile Inc. Name of Corporation					
DOCUMENT NUMBER: P020000082736					
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:					
John Meserve					
Name of Contact Person					
Meserve Flooring & Tile Inc.					
Firm/Company					
684 Sturdivant Ave.					
Address					
•					
Atlantic Beach, Florida 32233					
City/State and Zip Code					
meserveflooring@aol.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
•					
Name of Contact Person at (904) 993-7367 Area Code & Daytime Telephone N	Taxana İnam				
Name of Contact Person Area Code & Daytime Telephone r	umber				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section					
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tailahassee, FL 32301	3				

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

statement of ch	nange is submitted for a cor	poration organiz	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the Stat	te of Florida	
1. The name of	f the corporation: Meser	ve Wood Fle	ooring & Tile Inc.		
	al office address: 684 Stu				
	Beach, Florida 32233 address (if different):				
4. Date of inco	orporation/qualification:	4/23/10	Document number:	P10000035215	
	nd street address of the curn artment of State: (If resigns		ent and registered office on f	ile with the	
	John S. Meserve				
	Meserve Wood Flo	oring & Tile In	с.		
	677 Atlantic Blvd. A	Mantic Beach	, Fl. 32233		
6. The name at (if changed)		registered agent	(if changed) and /or register	ed office HANDY -5	Live in the second seco
	John S Meserve			PA	
	Meserve Wood Flo			မွာ	C
	684 Sturdivant Ave	P.O. Box NOT	•	20	
The street add			ddress of the business offic	e of its registered agent,	
=			by its board of directors or ified in writing of the chang		
61	thre of an officer or director		John S. Me	serve Pre	2 .
I hereby accept I further agree of my duties, a document is be corporation him.	ot the appointment as regi e to comply with the provi and I am familiar with and eing filed merely to reflec as been notified in writing	stered agent and sions of all statu I accept the oblig t a change in the t of this change.	agree to act in this capacites relative to the proper argation of my position as regregistered office address, l	ty, id complete performance istered agent. Or, if this hereby confirm that the	
			11/2/10		
	ignature of Registered Agent		Date		
If signing on t	behalf of an entity:				
	Typed or Printed Name				

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