

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900299350629

05/18/17--01028--005 **35.00

SECRETARY OF STATE OIVISION OF CORPORATION

RA Change

MAY 2 4 2017 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: E B L Custom Flooring Inc Name of Corporation	
DOCUMENT NUMBER: P11000009352	
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:	
Eliseu Lage	
Name of Contact Person	
Eliseu Lage	
Firm/Company	
8017 Dell Dr	
Address	<u> </u>
Tampa Florida 33615	T SEC
City/State and Zip Code	CRET HAY
eliseulage2005@yahoo.com	19 OF 1
E-mail address: (to be used for future annual report notification)	2 330
For further information concerning this matter, please call:	OF STATE PHIZ: 21
Eliseu Lage _{at} 813 784 0943	<u>ئ</u>
Name of Contact Person Area Code & Daytime Telephone No	umber

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

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, in sized under the laws of the State of Florida ered agent, or both, in the State of Florida.	his	_
1. The name of	the corporation: EBL Custom Flo	poring Inc		
2. The principa	office address: 8017 Dell Dr Florida 33615			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 01/27/2011	Document number: P110000093	52	
	I street address of the current registered agreement of State: (If resigned, enter resigne			
	Elisan Lage			
	5902 Memoria	E001 # pwH L		
	Tampa FL 331	015		
6. The name and (if changed):	street address of the new registered agen		17 HAY	SECRE
	5519 Forest Haven Cir Apt 1	03	9	GAST ASS
	P.O. Box NOT a Tampa Florida 33615		PH 12:	ORPOR/
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registere	~ ~	110HS
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
	re of anyofficer or director	Eliseu Lage Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th	the appointment as revistered agent and	dagree to act in this capacity. tes relative to the proper and complete scept the obligation of my position as regist ct a change in the registered office address	ered , I	
The state of the s		05 / 11/ 2017		
	falure of Registered Agent	Date		
If signing on be	half of an entity:	0.64.6.4		
BAYDEL	A VAZQUEZ CARD	VECCH		

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