

P110000009352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

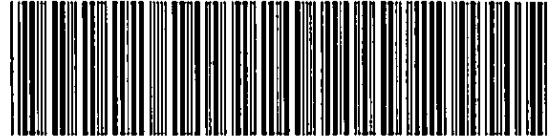
(Business Entity Name)

(Document Number)

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**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



Firm/Company

**8017 DELL DR**

Address

**TAMPA FLORIDA 33615**

City/State and Zip Code

**eliseulage2005@yahoo.com**

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

For further information concerning this matter, please call:

**Martha B Lage**

Name of Contact Person

at ( **813** ) **420 6283**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: E.B.L.Custom Flooring Inc  
2. The principal office address: 8017 Dell Dr  
Tampa, Florida 33615  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P11000009352

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)

Raydel Alberto Vazquez Cardella

5519 Forest Haven Cir Apt 103

Tampa Florida 33615

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

Eliseu Lage

8017 Dell Dr

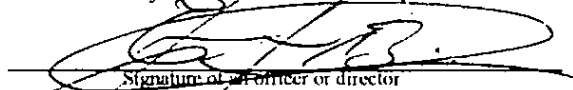
P.O. Box NOT acceptable

Tampa Florida 33615

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Signature of officer or director

Eliseu Lage (presidente)

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

08/14/2017

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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