

P150000

34650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

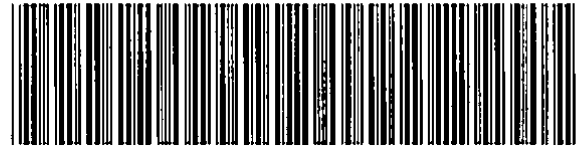
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2019 MAY 28 PM 2:31

C. GOLDEN

MAY 30 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** tdn flooring and remodeling inc

Name of Corporation

**DOCUMENT NUMBER:** P15000034650

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:

**Michael Lucci**

Name of Contact Person

**TDN Flooring and Remodeling inc**

Firm/Company

**4801 Johnson Rd suite 10**

Address

City/State and Zip Code

**Coconut Creek FL 33073**

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

For further information concerning this matter, please call:

**michael lucci**

Name of Contact Person

at ( **954** ) **428 5757**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2019

MICHAEL LUCCI  
4801 JOHNSON ROAD  
SUITE 10  
COCONUT CREEK, FL 33073

SUBJECT: TDN FLOORING AND REMODELING, INC.  
Ref. Number: P15000034650

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 819A00009555

2019 MAY 28 PM 2:14  
TALLAHASSEE, FL

RECEIVED

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

1. The name of the corporation: TDN Flooring and Remodeling inc  
2. The principal office address: 4801 Johnson Rd Suite 10  
Coconut Creek Fl 33073  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/16/2015 Document number: P15000034650

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)

united states corporation agents inc

13302 winding oak court

Tampa Fl 33612

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

~~TDN FLOORING AND REMODELING INC~~

4801 JOHNSON RD SUITE 10

P.O. Box NOT acceptable


COCONUT CREEK FL 33073

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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 an officer or director

michael LUCCI, Pres  
Printed or typed name and title  
MICHAEL LUCCI

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

4/24/19  
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 (03/12)