

P16000075133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

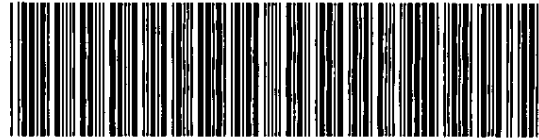
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. TALLENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R1A-4

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GORDON ORMOND FLOORING INC
Name of Corporation

DOCUMENT NUMBER: P16000075133

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:

GORDON ORMOND

Name of Contact Person

GORDON ORMOND FLOORING

Firm/Company

8626 LEO KIDD AVE Lot 7

Address

PORT RICHEY, FL 34668

City/State and Zip Code

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

For further information concerning this matter, please call:

GORDON ORMOND

Name of Contact Person

at (727) 6459501

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

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: GORDON ORMOND FLOORING Inc.
2. The principal office address: 8626 LEO KIDD AVE LOT 7 PORT RICHEY, FL 34668

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/12/16 Document number: P16000075133

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)

MICHAEL GERMINO

3515 ALT 19 STE B

PALM HARBOR, FL 34668

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

GORDON ORMOND

8626 LEO KIDD AVE LOT 7

P.O. Box NOT acceptable

PORT RICHEY, FL 34668

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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]
Signature of an officer or director

GORDON ORMOND, PRES.
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]
Signature of Registered Agent

11/1/16
Date

If signing on behalf of an entity:

Gordon Ormond
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)