

P180000010244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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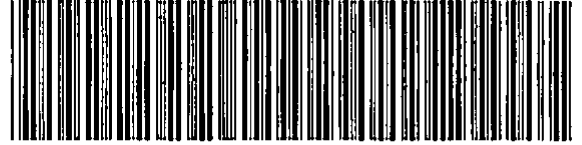
(Business Entity Name)

(Document Number)

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2019 AUG 22 PM 4:07
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1st Choice Flooring Services Inc.
Name of Corporation

DOCUMENT NUMBER: P18000010244

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:

James Warren
Name of Contact Person

1st Choice Flooring Services INC.
Firm/Company

7115 US Hwy 19
Address

N.R. FL. 34652
City/State and Zip Code

Jimmie@JVS Flooring and Supplies.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Warren at (727) 247-4589
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 1ST CHOICE Flooring Services INC.
2. The principal office address: 5620 Quist Dr.
P.O. FL. 33468
3. The mailing address (if different): 7115 US Hwy 19
N.P.R. FL. 34652
4. Date of incorporation/qualification: 1-13-2018 Document number: 018000010244
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)
Schioppo, Sascha - Resigned
5620 Quist Dr.
P.R. FL. ~~33468~~ 34668

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

James Warren
7115 US Hwy 19
N.P.R. FL. ~~34652~~ ~~34652~~ 34652

P.O. Box NOT acceptable

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.

James Warren
Signature of an officer or director

James Warren D
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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.

James Warren
Signature of Registered Agent

8-17-2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 22 PM 4:07

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