P19000031651

(Rec	questor's Name)	
(Add	fress)	
(Add	fress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100328412481

05/06/19--01/031--020 **35.00



MAY 16 TO THE TOTAL

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Th FLOOR & TILE CORP Name of Corporation
DOCUMENT NUMBER: P190000 31651
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:
Gigliola Castro Chaves Name of Contact Person
Name of Contact Person
JAFLOOB & TICE CORP
701 Ashley (n Orlando, FC 32825
Orlando, FC 32825 City/State and Zip Code
E-mall address: (to be used for future address report notification)
For further information concerning this matter, please call:
Cigliola Castro at (321) 280 0581 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made republic to the Department of State

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The FLOOR & TILE CORP
2. The principal office address: 701 ASHIEY LN Orlando 176 32825
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/08/2019 Document number: P190000 31651
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)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Gigliola Castro Chaves P.O. Box NOT acceptable
- Fol Ashley Ln Orlando, FC 32825
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
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 Cigliola Castro Chaves
If signing on behalf of an entity:
Gigliola Castro Chaves

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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