## P94000044205

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: DESIGNER'S SPECIAL	TY CABINET COMPANY, INC			
DOCUMENT NUMBER:	P94000044205			
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:				
EDWARD MOLONEY  Name of Contact Person				
Nam	e of Contact Person			
DESIGNER'S SPECIALTY CABINET COMPANY, INC.				
	Firm/Company			
1320 NW 65TH PLACE				
Address				
EODT LA	UDERDALE EL 22200			
FORT LAUDERDALE FL 33309  City/State and Zip Code				
EMOLONEVADE	SCIONED CONTROL TV COM			
E-mail address: (to be used for future annual report notification)				
·	•			
For further information concerning this matter,	please call:			
EDWARD MOLONEY	054 770 4500			
Name of Contact Person	at ( 954 ) 776-4500 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section ions Division of Corporations			
Division of Corporat P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	rovisions of sections 607.0302, 617.0302, 607.1. nge is submitted for a corporation organized und	
in order	to change its registered office or registered age	nt, or both, in the State of Florida.
	ne corporation: DESIGNER'S SPECIA	LTY CABINET COMPANY, INC.
	office address: 1320 NW 65TH PLACE	
· · · · · · · · · · · · · · · · · · ·	DERDALE FL 33309  Iddress (if different):	
5. The maning ac	adiess (ii different).	
4. Date of incorpo	oration/qualification;06/09/1994Do	ocument number: P94000044205
	street address of the current registered agent and timent of State: (If resigned, enter resigned)	registered office on file with the
<u> </u>	DAVID B. HARRISON	<u> </u>
<u>;</u>	3080 N.W. 99TH AVENUE, SUITE 204	4 6
<u>(</u>	CORAL SPRINGS FL 33065	
6. The name and s (if changed):	street address of the new registered agent (if cha	nged) and /or registered office
<u> </u>	DAVID B. HARRISON	The state of the s
<u>.</u>	8150 ROYAL PALM BOULEVARD, SU P.O. Box NOT acceptable	JITE 105
<u>(</u>	CORAL SPRINGS FL 33065	
The street addres as changed will b	ss of its registered office and the street address be identical.	of the business office of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted by its e board, or the corporation has been notified in	board of directors or by an officer so writing of the change.
- Junature	dot an object of director	ADYS G HARRISON - PRESIDENT Printed or typed name and title
I hereby accept to I further agree to of my duties, and document is bein corporation has I	the appointment as registered agent and agree o comply with the provisions of all statutes relo d I am familiar with and accept the obligation of ng fited merely to reflect a change in the registe been notified in writing of this change.	to act in this capacity. tive to the proper and complete performance of my position as registered agent. Or, if this ered office address, I hereby confirm that the
7~12	Dawn	4/5/10
D	ature of Registered Agent	Date
If signing on beh	nair of an entity:	
Тур	ped or Printed Name	

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