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SOBERING, WHITE & LUCZAK, P.A.

ATTORNEYS AT LAW

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BARRY J. SOBERING OF COUNSEL

October 19, 2000

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

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RE:

Statement of Change in Registered Agent and Registered Office

for Florida Laminate & Materials, Inc.

Dear Sir or Madam:

With regard to the above-referenced corporation, enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with our firm check in the sum of \$35.00, which representing your fee for this change.

Should you have any questions, please do not hesitate to contact our office.

Very truly yours,

Eileen M. Heasley, CLA

Legal Assistant

/emh

Enclosures

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SECRETARY OF STATE
ANALYSISFE, FLORIBA

ac cla

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.					
1a.	The name of the corporation is:-	<u>Florida Laminat</u>	e & Materials, Inc.		
1b.	Date of incorporation5/1/95	5	_ Document numbe <u>r P950</u>	00035334	
2.	2. The name and address of the current registered agent and office:				
	Gavin H. Watson, Jr., 850 S.	. Hughey Avenue,	Orlando, Florida 32801	· · · · · · · · · · · · · · · · · · ·	
	he name and address of the ne (P.O. Box Not Acceptat	ole)	*		
ROB	ERT B. WHITE, JR., 201 South	Orange Avenue,	Suite 1000, Orlando, Fl	·	
of i	e street address of its registered ts registered agent as changed v	will be identical.	୍ଦ୍ର ମଧ୍ୟ ମଧ୍ୟ	3 1	
Suc	ch change was authorized by re- officer so authorized by the boa	rd.	Ę	哥 39	
\geq	SIGNATURE	Type	H. Watson, Jr., Presid d or printed name and title))	
_	DATE	 			
PR IN AG WI PL	VING BEEN NAMED AS REGIS OCESS FOR THE ABOVE STAT THIS CERTIFICATE, I HEREBY ENT AND AGREE TO ACT IN T TH THE PROVISIONS OF ALL S ETE PERFORMANCE OF MY D IE OBLIGATION OF MY POSITIO	TED CORPORATION ACCEPT THE APMINIST CAPACITY. IN STATUTES RELATION UTIES, AND I AM	ON AT THE PLACE DESIGN AT THE PLACE DESIGN POINTMENT AS REGISTE FURTHER AGREE TO CONTROL TO THE PROPER AND FAMILIAR WITH AND AC	ERED OMPLY ID COM-	
		SIGNATURE_	Lu18. 44		
		DATE 8	Fut B. 44 (Registered Agent) 4. 19 2000		
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314