P95000041309

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: STONE CERAMIC TILE WHOLESAL (Name	ERS,INC of corporation)			
DOCU	MENT NUMBER: P95000041309				
The en	closed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this m	atter to the following:			
	Ibrahim Reyes Gandara (Name of	contact person)			
Silva & Silva, P.A.					
		/Company)			
	236 Valencia Avenue	Address)			
	Coral Gables, Florida 33134				
(City/state and zip code)					
For fur	ther information concerning this matter, plea	se call:			
IBRAH	IM REYES GANDARA	at (305) 445-0011 (Area code & daytime telephone number)			
	(Name of contact person)	(Area code & daytime telephone number)			
Enclose	ed is a \$35.00 check made payable to the De	partment of State.			
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 1, 2005

IBRAHIM REYES GANDARA SILVA & SILVA, P.A. 236 VALENCIA AVENUE CORAL GABLES, FL 33134

SUBJECT: STONE CERAMIC TILE WHOLESALERS, INC.

Ref. Number: P95000041309

We have received your document for STONE CERAMIC TILE WHOLESALERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The type printed name is different from the new registered agent listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 905A00049638

Irene Albritton Document Specialist

Division of Cornerations - P.O. ROX 6327 -Tallahassee Florida 32314

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

statement of ch	e provisions of sections 607.0502, 617.0 ange is submitted for a corporation org ler to change its registered office or reg	ganized under the laws of the State of	FLORIDA
	the corporation: STONE CERAMIC T		
	l office address: 1936 N.W. 79th Aver		
3. The mailing	address (if different): "Same"		
4. Date of incor	poration/qualification: 05/25/1995	Document number: P95000	041309
	d street address of the current registere artment of State:	d agent and registered office on file w	ith the
	Allen J. Rapoport		
	999 Ponce de Leon Blvd., Suite 111	0	
	Coral Gables, Florida 33134		
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered of	FILE FILE
	Christopher A. Silva		一篇 建口
	1936 N.W. 79th Avenue		FO 5.
	(P.O. Box NOT accepta	ible)	- Rick
	Doral, Florida 33126		- -
The street addreas changed will	ess of its registered office and the stre be identical.	eet address of the business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	nted by its board of directors or by an notified in writing of the change.	officer so
(Signati	ure of an officer or director)	(Printed or typed name and	title)
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as registered agent to comply with the provisions of all si al I am familiar with and accept the o ing filed merely to reflect exchange in Seen notified in writing of this chang	and agree to act in this capacity, tatutes relative to the proper and con bligation of my position as registere the registered office address, I herel ge.	nplete performance d agent. Or, if this by confirm that the
	$u \times h$.	07/20/2005	
	mature of Registered Agent)	(Date)	
• •	half of an entity:		
BRAHIM REYE	S GANDARA 'yped or Printed Name)		
,			

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