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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: Molus WHOLSTERY. INC. (Name of Corporation)
DOCUMENT NUMBER: 196 000066416
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Holus WHOLS NERY INC. (Name of Firm/Company)
3625 SW 30 The. BWI.#1 (Address)
FORT LAUDERDAYE FL. 33312 (City/State and Zip Code)
For further information concerning this matter, please call:
DAWIEL TAGGER at (954) 581-7197 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

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

statement of change is submitted for a corporation organized under the laws of the State of FLOLINA	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: MODUS UPHOLSTERY, INC. 2. The principal office address: 3625 SW 30 M AVE. BLOS, # 1	
FT. LAYDER DAKE FL. 3331V 3. The mailing address (if different):	
4. Date of incorporation/qualification: 8/9/1996 Document number: 19600066416	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
KEITH A. MCNAUGHTON	
FORT LAWREDATE FZ. 3331)	۳
FORT LANDERDATE FZ. 33312	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	مريد
Same	
(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.	
(Signature of air Officer or director) Athorno by Englez VP. (Printed or typed name and little)	
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.	
O8/04/2006 (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)