

P98000008148

Requestor's Name

COLONIAL FURNITURE  
4190 - 54TH AVE. N.  
ST. PETERSBURG, FL 33714

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

**FILED**  
98 JUN 19 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100002535151--0  
-05/26/98--01060--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

Joe 6/22



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 3, 1998

COLONIAL FURNITURE  
4190 - 54TH AVENUE NORTH  
ST. PETERSBURG, FL 33714

SUBJECT: COLONIAL USED FURNITURE INC.  
Ref. Number: P98000008148

We have received your document for COLONIAL USED FURNITURE 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 598A00031184

**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.

1. The name of the corporation is: Colonial Used Furniture Inc.
2. The mailing address of the corporation is: 4190 54th Ave N.  
ST Petersburg FL 33714
3. Date of incorporation/qualification: Jan. 23 1998 Document number: P98000008148
4. The name and address of the current registered agent and office:

Accounting & Tax Help Inc.  
8668 Park Blvd STE A  
Seminole FL 33777

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5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Eileen Munsey  
4190 54th Ave N.  
ST Petersburg FL 33714

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

X   
(Signature of an officer, chairman or vice chairman of the board)

X 6-15-98  
(Date)

Eileen Munsey, Pres.  
(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

  
(Signature of Registered Agent)

6-7-98  
(Date)

If signing on behalf of an entity:

Eileen Munsey  
(Typed or Printed Name)

(Capacity)

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