

P98000091077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

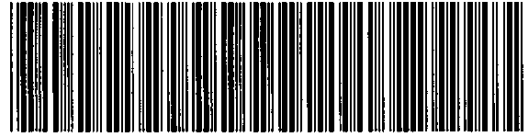
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
PUBLIC AFFAIRS DIVISION

10 OCT 29 PM 2:28

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11/2/10  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C & C Marble Design, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P98000091077

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:

Carlos Perez  
Name of Contact Person

C & C Marble Design, Inc.  
Firm/Company

6400 NW 72 Ave  
Address

Miami, FL 33166  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Perez at ( 305 ) 887-3300  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**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, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C & C Marble Design, Inc
2. The principal office address: 6400 nw 72 ave  
Miami, Fl 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/03 Document number: P98000091077
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROZENCWAIG ESQ., LESLIE A  
301 W. HALLANDALE BEACH BOULEVARD  
HALLANDALE BEACH FL FL330-09 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Carlos Perez  
6400 Nw 72 Ave  
P.O. Box NOT acceptable  
Miami, Fl 33166

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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 an officer or director

Carlos Perez  
Printed or typed name and title

*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.*

\_\_\_\_\_  
Signature of Registered Agent

10/25/10  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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