P99000052143

(F	Requestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations			
SUBJECT: THE CAPPET MARKET, W.C. Name of Corporation			
DOCUMENT NUMBER: <u>P990000 52143</u>			
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:			
Name of Contact Person			
THE CARLET MARKET, WS			
8963 PENSACOCA BUD Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
R D W/C/MS at (850) 478-5555 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

TO:

Amendment Section

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 Legenda
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: THE CARPET MARKET, INC.
2. The principal office address: 8763 [ENSACIA BLUD] (ENSACIA, FL 32534
3. The mailing address (if different):
4. Date of incorporation/qualification: 6-7-1999 Document number: P990000 521 43
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)
VERONICA WILLIAMS (RESIGNED)
5735 AUENIDA MARINA
PEASACOLA, FL 32504 28 2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
RD WILLIAMS
5735 AUENIOA MARNA P.O. Box NOT acceptable
P.O. Box NOT acceptable PENSACOLA, 1-6 32504
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 other professor 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 Date
If signing on behalf of an entity:
Typed or Printed Name

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

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