564519

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700211807507

RA address

09/09/11--01026--008 **35.00



80R 9 12M

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	ALABAMA FLOO Name of C	ORS CORP. Corporation				
DOCUMENT NUMBER:_	г NUMBER:					
The enclosed Statement of Ch	ange of Registered Offic	e/Agent and fee are subr	nitted for filing.			
Please return all correspondence concerning this matter to the following:						
	Juan	Roca				
Name of Contact Person						
ALABAMA FLOORS CORP. Firm/Company						
	7					
	9737 NW 41st 9	Street, Suite 550				
		Iress				
DORAL FL 33178						
City/State and Zip Code						
	alafloors@	gaoi.com				
E-mail address: (to be used for future annual report notification)						
For further information conce	rning this matter, please	call:				
Juan f	Roca	at (786)	236-8145			
Name of Cont		Area Code & Day	236-8145 /time Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.						
<u>Mail</u>	ing Address: ndment Section	Street Addree	<u>ss:</u>			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			
Tallahassee, FL 32314			2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida and submitted for a corporation organized under the laws of the State of _ are to change its registered office or registered agent, or both, in the State of F	FLOR		_
	the corporation: ALABAMA FLOORS CORP.			
2. The principal	office address: 3200 NW 79 AVE., DORAL FL 33122			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification:	S64	519	
	d street address of the current registered agent and registered office on file wi rtment of State: (If resigned, enter resigned)	ith the		
	Juan Roca	_		
	10073 COSTA DEL SOL BLVD.	-		. ,
	DORAL FL 33178	ZS:	201	;
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	CRETAR	2011 SEP -9	
	Juan Roca	7 OF	70	m
	9737 NW 41 ST. SUITE 550	STATE FLORID	ယ္အ	
	P.O. Box NOT acceptable DORAL FL 33178	를 -	8 8	
The street address changed will	ess of its registered office and the street address of the business office of i be identical.	ts registe	ered ag	ent,
Such change vauthorized by	as authorized by resolution duly adopted by its board of directors or by ar he board, or the corporation has been notified in writing of the change.	n officer	so	
Signatu	Juan Roca, Pr	es.		
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registereing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.		erform Or, ij rm thai	ance this the
	uar kr AUGUST 27, 2	011		
	chalf of an entity:			
	Juan Roca 'yped or Printed Name			

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