## 596084

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2009 AUG IL PM 1: 05
SECRETARY OF STATE

RROA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CARPET SERVICES OF TAMPA, INC.  Name of Corporation
DOCUMENT NUMBER: S96084
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:
Jeffrey E. Thompson $A^{\prime\prime}$
Please return all correspondence concerning this matter to the following:  Jeffrey E. Thompson  Name of Contact Person  All
Carpet Services of Tampa, Inc.
Firm/Company
1308 N. Ward Street
Address
Tampa, FL 33607
City/State and Zip Code
jthompson@resourcefl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey E. Thompson     at (813)     286-7774       Name of Contact Person     Area Code & Daytime Telephone Number
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  Street Address: Amendment Section Division of Corporations 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

	=		9502, 607.1508, or 617.1508 ganized under the laws of the	· ·	
in order	r to change its regi	istered office or reg	istered agent, or both, in the	e State of Florida.	
1. The name of the	he corporation:	CARPET SERV	ICES OF TAMPA, INC.	<u> </u>	
2. The principal	office address:	1308 N. War	d Street		
		Tampa, FL	33607		
3. The mailing ac	ddress (if different	):The Same			
4. Date of incorp	oration/qualification	on: 11-22-199	1 Document number:	S96084	
		he current registered resigned, enter resig	d agent and registered office med)		
	Ker	Jackson		SEC NO A	n:
	491	15 W. Grace St	t. ,	2009 AUG 11 SECRETAL	<u>:</u>
	Tan	npa, FL 3360	7	S 2 +	T
6. The name and (if changed):	street address of the	ne new registered ag	gent (if changed) and /or reg	istered office Control	C
	Кет	Jackson			
	130	)8 N. Ward Sti	reet		
•		P.O. Box 1	NOT acceptable	<del></del>	
	Tan	mpa, FL 33607	7	<del></del>	
The street addres as changed will l	ss of its registered be identical.	office and the stre	et address of the business of	office of its registered agent,	
Such change was authorized by the	s authorized by re e board, or the cor	solution duly adop poration has been	ted by its board of director notified in writing of the cl	s or by an officer so hange.	
	Change		Jeffrey E. T	•	
I hereby accept 1 I further agrée to	<i>a communium in a ma</i>	s registered agent of	and agree to act in this cap	d name and title  pacity,  or and complete performance  registered agent. Or, if this  ss, I hereby confirm that the	
-U	The	-	8/11/	09	
,	ature of Registered Ager	nt	Da	ite	
If signing on beh	nalf of an entity:				
Ту	ped 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 \* \* \*