

N18000 012 467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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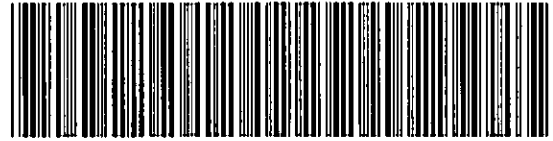
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mary Ann's Closet Inc  
Name of Corporation

**DOCUMENT NUMBER:** N18000012467

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:

Tracie Catalano  
Name of Contact Person

Mary Ann's Closet Inc  
Firm/Company

1461 SW 12th Ave, Unit A  
Address

Pompano Beach, FL 33069  
City/State and Zip Code

info@maryannscloset.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracie Catalano at ( 954 ) 574-2521  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Mary Ann's Closet Inc
2. The principal office address: 1461 SW 12th Ave, Unit A, Pompano Beach, FL 33069
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/27/2019 Document number: N18000012467

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)

Northwest Registered Agent

7901 4th St. North, Suite 300

St. Petersburg, FL 33702

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

Tracie Catalano

1461 SW 12th Ave, Unit A

P.O. Box NOT acceptable

Pompano Beach, FL 33069

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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.

Tracie Catalano Signature of an officer or director

Tracie Catalano, President 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.

Tracie Catalano Signature of Registered Agent

10/30/2019 Date

If signing on behalf of an entity:

Tracie Catalano Typed or Printed Name

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