P05000038980

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

 $_{
m subject}$: Anglerphile, Inc.

Name of Corporation

DOCUMENT NUMBER:

P05000038980

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:

Susanna Pope

Name of Contact Person

Anglerphile, inc.

Firm/Company

1075 Duval Street, Suite C21 PMB161

Address

Key West, FL 33040

City/State and Zip Code

susannakpope@gmail.com

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

For further information concerning this matter, please call:

Susanna Pope

,717 _\371-98

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

| statement of cl | hange is submitted for a corp | 9502, 617.0502, 607.1508, or 617.1508, oration organized under the laws of the | State of Florida | |
|---|---|--|------------------------------|---|
| | | ffice or registered agent, or both, in the | State of Florida. | |
| 1. The name of | the corporation: Anglerph | | | |
| 2. The principa | | val Street, Suite C21, PMB 1 | 61 | |
| | Key Wes | t, FL 33040 | | |
| 3. The mailing | address (if different): | | | |
| 4. Date of incom | rporation/qualification: Mai | rch 15, 2005 Document number: | P05000038980 | |
| | nd street address of the current artment of State: (If resigned, | nt registered agent and registered office of enter resigned) | on file with the | |
| | Richard M. Klitenick | k, Esq | | |
| | 1009 Simonton Stre | eet | | |
| | Key West, FL 33040 | 0 | | |
| 6. The name and (if changed); | d street address of the new re | gistered agent (if changed) and /or regis | SECRETARIO AUG | 7 |
| | Susanna Pope | | 25 | |
| | 1075 Duval Street, S | Suite C21, PMB 161 | 3 | П |
| | | P.O. Box NOT acceptable | | U |
| | Key West, FL 33040 |) | | |
| The street address changed will | ess of its registered office an be identical. | d the street address of the business off | ice of its registered agent, | , |
| Such change was authorized by the Docusigned by: | as authorized by resolution on the board, or the corporation | luly adopted by its board of directors or has been notified in writing of the char | r by an officer so ige. | |
| 5 Rope | | Susanna Pope, Pr | | |
| Leosasti Signal I hereby accept I further agree to performance of agent. Or, if thi hereby confirm | | ed agent and agree to act in this capac s of all statutes relative to the proper a r with and accept the obligation of my erely to reflect a change in the register on notified in writing of this change. | | |
| DocuSigned by: | | 8/21/2017 | | |
| | nature of Registered Agent | Date | | |
| f signing on bel | half of an entity: | | | |
| Ту | rped or Printed Name | | | |
| | ***F | ILING FEE: \$35.00 * * * | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)