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Office Use Only



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COVER LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: Straight Setters Name of Corporation
DOCUMENT NUMBER: P13000056539
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:
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
Straight Setters Firm/Company
16720 SW 276 St Address
Home Stead, Fl. 33031 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanina Troquio at (786) 266 - 4181 Name of Confact 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 Flovida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Straight Seffers Inc.
2. The principal office address: 16720 SW 276 ST
Homestead, FL. 33031
3. The mailing address (if different):
4. Date of incorporation/qualification: July 02, 2013 Document number: P13 0000 56 539
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)
Resigned - Presidential Sorvices Incorporate
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Vanina Trogoto
16720 SW 276 ST P.O. Box NOT acceptable
Homestead, FL. 33031
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.
VANINA TROGOLO - Director VANINA TROGOLO - Director 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

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