## P1800009222

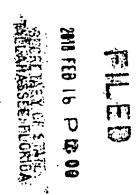
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Copies Certificates of Status
Instructions to Filing Officer:





900307605339

02/15/15--01020--004 \*\*35.00



FEB 19 2018 T. LEMIEUX

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FRANCESCA LAURENT INC
Name of Corporation
DOCUMENT NUMBER: P1800009222
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:
Enst cadet
Name of Contact Person
FRANCESCA LAURENT INC
Firm/Company
5536 ANORLD PALMER DR APT 1014
ORLANDO FL 32311 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERNST CADET at (816 ) 3389060
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  Street Address:  Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

## 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 Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA
	the corporation: FRANCESCA LAURENT INT
1. The name of t	office address: 5536 ANORLD PALMER DIVE APT 1014
	Office address: 0330 ANOINED I ALIVIEN DIVE ALI 1 1014
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01-24-2018 Document number: P1800009222
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Ernst Cadet
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) agent (if
	Francesca Laurent  5536 Anorld palmer drive apt 1014 orlando fl 328 fg.
	5536 Anorld palmer drive apt 1014 orlando fl 328
	P.O. Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Jourent	vice President Printed or typed name and title
- I further agree t - performance of	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
ERNS!	callt 02/14/2018
_	half of an entity:
ERNST CA	•
Ty	yped or Printed Name
	* * * FILING 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)