

F02000035013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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11/07/16--01027--023 **25.00

12/06/16--01022--012 **10.00

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2016 DEC -8 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/12/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tresco Forfait Company
Name of Corporation

DOCUMENT NUMBER: F02000005013

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:

Ariel Giglio
Name of Contact Person

Tresco Forfait Company
Firm/Company

5481 Wilton Rd Ste 505
Address

Coconut Creek FL 33073
City/State and Zip Code

ariel.giglio@deluxerealty.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariel Giglio at (954) 623-7523
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2016

ARIEL GIGLIO
5481 WILES RD., STE 505
COCONUT CREEK, FL 33073

SUBJECT: TRESCO FORFAIT COMPANY
Ref. Number: F02000005013

We have received your document for TRESCO FORFAIT COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

The balance due will be \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 516A00024350

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: Tresco Forcort Company
2. The principal office address: 5481 Wilen Rd Ste 505, Coconut Creek
FL 33073
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

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

5481 Wilen Rd Ste 505
Coconut Creek FL 33073

P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Hugo Romero
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 *****

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA