

731003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

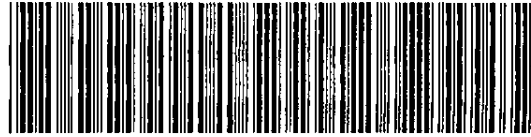
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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3-9-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

Emory Appliance Repair Service, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

731003

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:

Rosemary Marchese
Name of Contact Person

Emory Appliance Repair Service, Inc.
Firm/Company

2530 Emory Dr. East
Address

WEST PALM BCH, FLA. 33415
City/State and Zip Code

f.feldhandler@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosemary Marchese
Name of Contact Person

at (*561*) *963 7924*
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EMORY APPLIANCE REPAIR SERVICE, INC
2. The principal office address: 2530 EMORY DR EAST
WEST PALM BCH FLA 33415
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10-5-1987 Document number: 731003
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)

ELYCE WATERS
2766 E EMORY DR EAST APT A
WEST PALM BCH, FLA 33415

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

ROSEMARY MARCHESE
2731 EMORY DR WEST APT F
WEST PALM BCH, FLA 33415

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

Louis A. Frank
Signature of an officer or director

President Louis A. Frank
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.

Rosemary Marchese
Signature of Registered Agent

3-2-11
Date

If signing on behalf of an entity:

ROSEMARY MARCHESE
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