

817848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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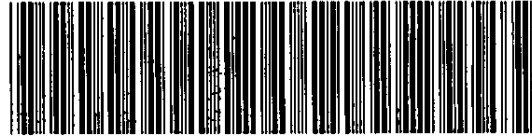
(Business Entity Name)

(Document Number)

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C. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALAGON, TNC
Name of Corporation

DOCUMENT NUMBER: 817848

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:

DONALD J COLASURDO
Name of Contact Person

C/O ALAGON
Firm/Company

3100 NE 28TH STREET UNIT 201
Address

FORT LAUDERDALE FL 33308
City/State and Zip Code

MERLIN0105@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD J. COLASURDO at (732) 236-0361
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

June 29, 2016

DONALD J. COLASURDO / ALAGON INC
3100 NE 28TH STREET UNIT 201
FORT LAUDERDALE, FL 33308 US

SUBJECT: ALAGON INC
Ref. Number: 817848

We have received your document for ALAGON INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 416A00013728

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALAGON INC.
2. The principal office address: 3100 NE 28th STREET
FORT LAUDERDALE FL 33308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/8/1964 Document number: 817848
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)

BECKER & POLIAKOFF P.A. PA
3111 STIRLING ROAD
FORT LAUDERDALE FL 33308

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

LAWRENCE E BLACK ESR
3326 NE 33RD STREET
P.O. Box NOT acceptable
FORT LAUDERDALE FL 33308

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 of an officer or director

DONALD J COLASURDO

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

6/20/16

Date

If signing on behalf of an entity:

Lawrence E. Blacke, Esq.

Typed or Printed Name

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

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