

F030000003771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

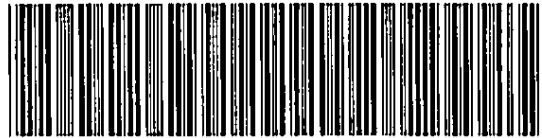
(Business Entity Name)

(Document Number)

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C. GOLDEN

FEB 19 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GOTTESMAN BUSINESS BROKERS INC.  
Name of Corporation

DOCUMENT NUMBER: F03000003771

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:

DENNIS M. KOZLOWSKI

Name of Contact Person

Firm/Company

312 PORPOISE POINT DR

Address

ST AUGUSTINE FL 32084

City/State and Zip Code

egottesman@gottesman-company.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EUGENE GOTTESMAN

Name of Contact Person

at ( 203 ) 254-2828

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

February 14, 2018

DENNIS M. KOZLOWSKI  
312 PORPOISE POINT DRIVE  
ST. AUGUSTINE, FL 32084

SUBJECT: GOTTESMAN BUSINESS BROKERS INC.  
Ref. Number: F03000003771

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

You failed to mention the registered agent in number 6; Dennis signed as the registered agent and Eugene is signing on behalf of; please clarify.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 718A00003131

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

1. The name of the corporation: GOTTESMAN BUSINESS BROKERS INC.  
2. The principal office address: 200 EAST 71ST STREET  
NEW YORK CITY, NY 10021  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 07/22/2003 Document number: F03000003771

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)

KOZLOWSKI, DENNIS M

212 PORPOISE POINT DR

ST AUGUSTINE FL 32084

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

312 PORPOISE POINT DR

P.O. Box NOT acceptable

ST AUGUSTINE FL 32084

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.

X Eugene Gottesman  
Signature of an officer or director

EUGENE GOTTESMAN / PRESIDENT

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.

Dennis M. Kozlowski

Signature of Registered Agent

1/26/2018

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