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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: STAINLESS ACCESSORIES PLUS, INC. Name of Corporation

DOCUMENT NUMBER: <u>F0700000 4973</u>

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:

Nicholes Teldone Name of Contact Person
LAW OFFICES Nicholas Taldone Firm/Company
9020 RANCHO del Rio Drive Suitz 101
New Port Richer F1 34655 City/State and Zip Code
taldana law 6) msn. con

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

For further information concerning this matter, please call:

Nicholas Taldone at (727) 375-0390 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. He Check was privinally submitted to Division of Check was privinally to Division

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

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2017

NICHOLAS TALDONE LAW OFFICES OF NICHOLAS TALDONE 9020 RANCHO DEL RIO DRIVE - STE. 101 NEW PORT RICHEY, FL 34655

SUBJECT: STAINLESS ACCESSORIES PLUS, INC. Ref. Number: F07000004973

We have received your document for STAINLESS ACCESSORIES PLUS, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 317A00022689



REL VED THOVIG NY 2:57 DEPART CONTRACTIONS

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 $\mathcal{M}\mathcal{W}$ \mathcal{JERSEY} _________ in order to change its registered office or registered agent, or both, in the State of Florida.

1.	. The name of the corporation: Strainless Accessories Plus, Inc.	
	The principal office address: 11413 CHALLENGER AUENCE	-
<u>.</u>	ODESSA, FI 33556	
3.	. The mailing address (if different):	-
4.	. Date of incorporation/qualification: $\frac{9/20/07}{2007}$ Document number: F07 00006	7973
	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) John P. Rocwski	
	11413 ChallENIGER AUS	
6	b. The name and street address of the new registered agent (if changed) and /or registered office \vec{r} (if changed):	
	9020 RANCHU del Rio Deur Suik 100 5. P.O. Box NOT acceptable New Port Richer F1 3465.5	

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.

REGINA KOSOWSKI KEESIDENT NR. 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.

Stgn thre of Registered Agent

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)