## F0900000 3038

(Requ	uestor's Name)	· · · · · ·
(Addr	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



300260209063

04/30/14--01008--021 \*\*85.00

08/12/14--01010--009 \*\*15.00

06/12/14--01010--010 \*\*10.00

14 JUN 18 PH 2: II
SECRETARE OF STATE
FALLSHASSEF FROM

JUN 1 8 2014 C. CARROTHERS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2014

PAMELA J ANSELMO BECKER & POLIAKOFF PA 1 EAST BROWARD BLVD., SUITE 1800 FT. LAUDERDALE, FL 33301

SUBJECT: CANTERBURY LAMP SHADE STUDIO, INC.

Ref. Number: F0900003038



We have received your document for CANTERBURY LAMP SHADE STUDIO, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$\( \frac{1}{2} \subseteq 0 \) due.

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

Cathy A Carrothers Regulatory Specialist

Letter Number: 314A00010060

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Canterbury Lamp Shade Studio, Inc.

Name of Corporation

DOCUMENT NUMBER

F09000003038

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:

Pamela J. Anselmo

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

1 East Broward Blvd., Suite 1800

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela Anselmo

., 954

987-7550

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

## 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: Canterbury Lamp Shade Studio, Inc.	
2. The principal office address: 1608 NW 23rd Ave., Ft. Lauderdale, FL 33311	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/20/2014 Document number: F09000003038	
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)	
Anselmo, Pamela J., Esq.	
3111 Stirling Road, Ft. Lauderdale, FL 33312	est P
	آ يا هندي وعورو
3111 Stirling Road, Ft. Lauderdale, FL 33312  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Becker & Poliakoff, P.A. c/o Pamela J. Anselmo	ig Tangga Tanga Tangga Tanga Tangga Tanga Tanga Tanga Tangga Tang Tang
Becker & Poliakoff, P.A. c/o Pamela J. Anselmo	
1 East Broward Blvd., Suite 1800	
P.O. Box NOT acceptable	
Ft. Lauderdale, FL 33312	
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 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.	
03-12-14	
Signature of Registered Agent Date	
If signing on behalf of an entity:  I AMED A Hiselmo Esc.	
* * * 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)