

11/29/2017

F10000001824

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : I20100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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11/29/2017

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FALL AGENCY FLORIDA
PVA 509

**REGISTERED AGENT CHANGE
A-1 PERFECTION ENTERPRISES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DEC 22 2017

S. YOUNG

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November 30, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

A-1 PERFECTION ENTERPRISES, INC.
1745 IHM BOULEVARD
FREEPORT, IL 61032

SUBJECT: A-1 PERFECTION ENTERPRISES, INC.
REF: F10000001824

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your document is being returned as requested.

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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H17000312407
Letter Number: 817A00024125

2017 DEC 21 AM 10:02

TALLAHASSEE, FLORIDA

Enter the Fax Audit Number Here

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-1 PERFECTION ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: F10000001824

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:

MARGOT MULLIN
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd, Ste 300
Address
Austin, TX 78744
City/State and Zip Code
notices@rasi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: ..

MARGOT MULLIN at (888) 705-7274
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 ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: A-1 PERFECTION ENTERPRISES, INC.
- 2. The principal office address: 1745 IHM BOULEVARD, FREEPORT, IL 61032
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 04/16/2010 Document number: F10000001824

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

FILED
DEC 21 AM 9:41
TALLAHASSEE, FLORIDA

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.

/s/ DAVID HEITMAN

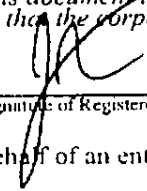
Signature of an officer or director

DAVID HEITMAN

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.


Signature of Registered Agent

11/30/2017

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

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