

F1000000001938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

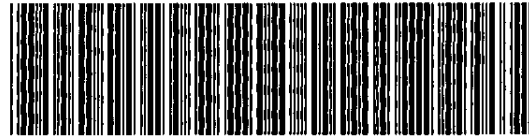
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200187753442

11/15/10--01010--022 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC -1 AM 8:44

RA/RO/CH8
@ 12/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MACOMB SELLS, INC.
Name of Corporation

DOCUMENT NUMBER: F10000001938

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:

RONALD Raymond WOLF
Name of Contact Person

MACOMB SELLS, INC.
Firm/Company

6 KINGSTON CT.
Address

STUART, FLORIDA 34996
City/State and Zip Code

PIEKARZ@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEAL PIEKARZ at (810) 560-8957
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

November 16, 2010

RONALD RAYMOND WOLF
MACOMB SELLS, INC.
6 KINGSTON CT.
STUART, FL 34996

SUBJECT: MACOMB SELLS, INC
Ref. Number: F10000001938

RECEIVED
10 DEC - 1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MACOMB SELLS, 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 current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

PHOTO COPIES ARE NOT ACCEPTABLE.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00026839

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

1. The name of the corporation: Macomb Sells, Inc.
2. The principal office address: 3853 BURR CT, STERLING HEIGHTS, MI, 48310
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JULY 19, 2006 Document number: 39362A
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)

ROGER YOUNG

2272 A1A Hwy SUITE 27

FLORIDA, 32937

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

RONALD R. WOLF

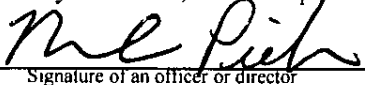
6 KINGSTON CT.

P.O. Box NOT acceptable

STAURT, FLORIDA 34996

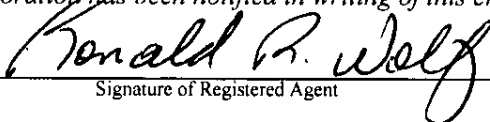
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

NEAL PIEKARZ, Secretary
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

11-22-2010
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
CR2E045 (8/05)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 DEC -1 AM 8:44