

F14000 004 402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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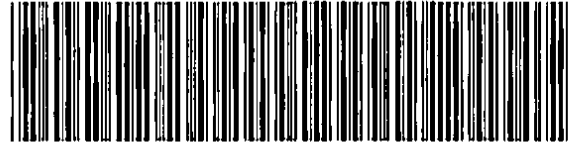
(Business Entity Name)

(Document Number)

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STATE OF FLA
TALLAHASSEE, FL 32301

2019 01 23
T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIAD ART GROUP PUBLISHING, INC
Name of Corporation

DOCUMENT NUMBER: FI4000004402

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:

Lynn Quinlan
Name of Contact Person

TRIAD ART GROUP PUBLISHING, INC
Firm/Company

6025 TAYLOR RD - Unit 104
Address

PUNTA GORDA FL 33950
City/State and Zip Code

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

For further information concerning this matter, please call:

Lynn Quinlan at (239) 800-3352
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRIAD ART GROUP PUBLISHING, INC.
2. The principal office address: 6025 TAYLOR RD. - UNIT 104
PUNTA GORDA, FL 33950
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/15/2014 Document number: F14000004402
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)

901 E. INDUSTRIAL CIRCLE #6
CAPE CORAL, FL 33909

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

6025 TAYLOR RD. - UNIT 104
P.O. Box NOT acceptable
PUNTA GORDA, FL 33950

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SECRETARY OF STATE

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.

Hugh A. Bloch
Signature of an officer or director

GREGORY BLOCH - 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.

Lynn Quinnlan
Signature of Registered Agent

7-19-19
Date

If signing on behalf of an entity:

Lynn Quinnlan
Typed or Printed Name

*** FILING FEE: \$35.00 ***