

F15000004505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

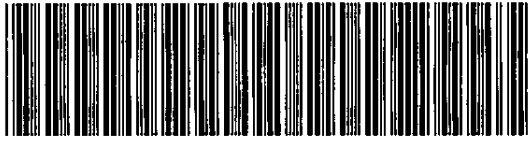
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROJECT 1711 GMBH & CO KG CORPORATION
Name of Corporation

DOCUMENT NUMBER: F 1500000 4565

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:

MANUELA HORSWELL
Name of Contact Person

PROJECT 1711 GMBH & CO KG CORPORATION
Firm/Company

1542 PAPOOSE WAY
Address

LUTZ, FL. 33559
City/State and Zip Code

m.horswell@PROJECT1711.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUELA HORSWELL at (813) 426-7839
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 5, 2015

MANUELA HORSWELL
PROJECT 1711 GMBH & CO
1542 PAPOOSE WAY
LUTZ, FL 33559

SUBJECT: PROJECT 1711 GMBH & CO. KG CORPORATION
Ref. Number: F15000004565

We have received your document for PROJECT 1711 GMBH & CO. KG CORPORATION 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: 015A00023444

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: PROJECT 1711 GMBH & CO KG CORPORATION

2. The principal office address: 1542 PAPOOSE WAY
LUTZ, FL. 33559

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/14/2015 Document number: F 15000004565

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)

MANLIELA HORSWELL
1542 PAPOOSE WAY
LUTZ, FL. 33559

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

MANUELA HORSWELL
1542 PAPOOSE WAY
LUTZ, FL. 33559

P.O. Box NOT acceptable

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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.

Manuela Horswell
Signature of an officer or director

MANUELA HORSWELL, 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.

Manuela Horswell
Signature of Registered Agent

11 / 24 / 2015
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