

F 78395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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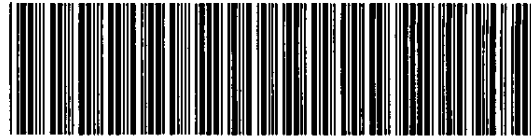
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED SALES OF ST. LUCIE, INC.
Name of Corporation

DOCUMENT NUMBER: F78395

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:

WILLIAM A DOLAN

Name of Contact Person

UNITED SALES OF ST. LUCIE, INC.

Firm/Company

5300 S US #1

Address

FT PIERCE, FL 34982

City/State and Zip Code

dba 2446 @ bellsouth.net

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

For further information concerning this matter, please call:

WILLIAM A DOLAN

Name of Contact Person

at (772) 466-8123

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: UNITED SALES OF ST. LUCIE, INC.
2. The principal office address: 5300 S US #1 FT PIERCE, FL 34982
3. The mailing address (if different): POB 13092 FT PIERCE, FL 34979
4. Date of incorporation/qualification: 04/30/1982 Document number: F78395
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)

WILLIAM A DOLAN
3401 SOUTH U.S. #1
FT PIERCE, FL 34982

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

5300 S US #1
P.O. Box NOT acceptable
FT PIERCE, FL 34982

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA
14 MAR 19 AM 10:01
411.220

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.

William A. Dolan Signature of an officer or director
WILLIAM A DOLAN 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.

William A. Dolan Signature of Registered Agent
03/18/2014 Date

If signing on behalf of an entity:
WILLIAM A DOLAN
Typed or Printed Name

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