## F92630

(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	
SUBJ Name	ECT: Antonette Marketing, Inc. of Corporation	
DOC	UMENT NUMBER: F92630	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
	ım H. Black, Jr.	
Name	of Contact Person	
Anton	nette Marketing, Inc.	
Firm/	Company	
1954	Howell Branch Rd, Ste 100	
Addre	ess	
Winte	er Park, FL 32792	
City/S	State and Zip Code	
	bill@pensionspecialist.net	
E-ma	il address: (to be used for future annua	l report notification)
For fi	urther information concerning this matter,	please call:
Willia	ım H. Black, Jr.	at (321 ) 397-0406  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Sta unge is submitted for a corporation organized under the laws of the State of <u>Flo</u> or to change its registered office or registered agent, or both, in the State of Flo	orida	ins ———	<del></del>
1. The name of t	the corporation: Antonette Marketing, Inc.		_	
2. The principal Winter Park, FL	office address: 1954 Howell Branch Rd, Suite 100			_ <del>_</del>
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 07/29/1982 Document number: F92630			
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the		
	William H. Black, Jr.			
	Winter Park, FL 32789	<b>-</b> ∔	25	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OL LITE I'd	2022 JUN 27	7
	William H. Black, Jr.	SEE		ŗ
	1954 Howell Branch Rd., Suite 100		PM 3:	Ċ
	P.O. Box NOT acceptable Winter Park, FL 32792	ORIDA	57	
The street address changed will	ess of its registered office and the street address of the business office of its it be identical.		red age	nt.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ol he board, of the carporation has been notified in writing of the change.	fficer s	O	
-	William H. Black, Jr., president			
<u> </u>	ne of an officer or director Printed or typed name and title			_
! further agree ! of my duties   an	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comport I am familiar with and accept the obligation of my position as registered in filed merely torrefact a change in the registered office address, I hereby s been notified in within of this change.	agent. Confir	(II, II)	ms
	gnature of Registered Agent 15 we 202  Date	<u> </u>		_
-	ehalf of an entity:			
WILLIAM H	BLACK JR			
<del></del>	Typed or Printed Name			

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