

F 9400001611

(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



400302867734

08/24/17--01006--021 **35.00

FILED
2017 AUG 24 PM 3:21
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG 25 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Muriel Siebert & Co., Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Kristopher Hopkins

Name of Contact Person

Muriel Siebert & Co., Inc

Firm/Company

9464 Wilshire Blvd

Address

Beverly Hills California 90212

City/State and Zip Code

Khopkins@siebertnet.com

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

For further information concerning this matter, please call:

Kristopher Hopkins

Name of Contact Person

at (310) 484-5129

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