G18673

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(Address)				
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,				
(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section **Division of Corporations** 7 T's Enterprises, Inc. Name of Corporation G18673 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: Aaron Adler, Esq. Name of Contact Person Adler Wellikoff, PLLC Firm/Company 1300 N. Federal Hwy., Suite 107 Address Boca Raton, FL 33432 City/State and Zip Code aadler@adwellgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aaron Adler Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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

statement of change is	submitted for a corporation	17.0502, 607.1508, or 617.1508 organized under the laws of th registered agent, or both, in the	e State of Florida	
	rporation: 7 T's Enterp		e state of Fariation.	
1. The name of the cor	address: 9905 Clint M	oore Road		
2. The principal office	Boca Raton,	FL 33496-1016		
3. The mailing address				
G				
4. Date of incorporation	on/qualification: 01/13/	1983 Document number	G18673	
5. The name and street		tered agent and registered office	e on file with the	
Wel	llikof, Adler			
990	9905 Clint Moore Rd			
Boo	ca Raton, FL 33496			
6. The name and street address of the new registered agent (if changed) and /or registered of the (if changed): Adder Wellikoff, PLLC				
Adle	er Wellikoff, PLLC		T T T	
130	0 No. Federal Hwy.	, Suite 107		
Boo	ea Raton, FL 33432	Sox NOT acceptable	TO NO	
The street address of as changed will be ide	its registered office and the	street address of the business of	office of its registered agent,	
Such change was authauthorized by the boa	norized by resolution duly a rd, or the corporation has be	dopted by its board of director, een notified in writing of the cl	s or by an officer so hange.	
	Stephen Thomas, President Printed or typed name and title			
I hereby accept the ap I further agree to com- performance of my de-	ppointment as registered ag uply with the provisions of a	Printed or typed ent and agree to act in this cap till statutes relative to the prope and accept the obligation of n to reflect a change in the regis tified in writing of this change.	er and complete ny position as registered	
July 23, 2019				
Signature of Registered Agent Date				
If signing on behalf o	i an entity:			
Aaron Adler Typed or	Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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