H42834

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: G-ombos Enterprises, Inc. Name of Corporation		
DOCUMENT NUMBER: H42834		
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:		
Name of Contact Person		
Gombos Enter Prises, Inc.		
1612 S.W. 19th AVE. Address		
Boca Raton, FL 33486 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Antonio Macaluso at 786 393-0214 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Confact 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

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.
1. The name of the corporation: Gombos Enterprises, Inc.
2. The principal office address: 1612 S.W. 19th AUE. Buca Rutan FL 33486
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/15/85 Document number: H 42834
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)
HCRM Corp.
185 N.W. Spanish River Blud.
Boza Raten, FZ 33431 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Antonio Maculuso 3
1612 5.W. 19 Th AVE P.O. Box NOT acceptable
Bora Ratm, R 33486
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.
Alexin Macalus / PRESIDENT Signature of an officer or director ANTOU, O MACALUSO / PRESIDENT
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.
Signature of Registered Agent 11/28/2013 Date
If signing on behalf of an entity:
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 * * *