J91592

(F	Requestor's Name)	
A)	ddress)	
(A	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(E	Business Entity Name)	
(Document Number)		
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RONALD M. HAND, P. A.

A Professional Association

122 South Rose Avenue Kissimmee, Florida 34741 Telephone: (407) 846-6133 Facsimile: (407) 846-3664 E-mail: rmh@rhandpa.com

September 14, 2015

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Allpress Equipment, Inc.

Dear Sir or Madam:

Please find enclosed the Statement of Change of Registered Office or Registered Agent or Both for Corporations for Allpress Equipment, INC., as well as a check for \$43.75 for the for the fees as well as a Certified copy.

Please use our e-mail address of rmh@rhandpa.com for any questions or correspondence that you may have concerning this matter. Thank you for your attention to this matter.

Very truly yours,

Ronald M. Hand, Esq.

RMH/ms enclosures

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Allipess Equipment Inc. Name of Corporation
DOCUMENT NUMBER: 791592
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:
Jennie M. Scho Field Name of Contact Person
Allpress Equipment Inc. Firm/Company
2407 Academy Circle Fast Apt 102 Address
Kissimmee F2 34344 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Termie Schafield at (407) 201-7334 Name of Contact 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, 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: Alloress Equipment Inc.		
2. The principal office address: 830 North John Young Parkway		
Kissimmee, Florida 34741		
3. The mailing address (if different): 3407 Radony Ciale East, Apt, 102		
Kissimmee, Florida 34744		
4. Date of incorporation/qualification: 9/10/1987 Document number: J91592		
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)		
Jennie M. Schofield		
1732 St. Tropez Court	15 S	DIVISI
Hissimmes, FL 34744	SEP 17	52-
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	17 PH 12:	
Jennie M. Schofield	2:5	
2407 Academy Circle East, Apt. 102 P.O. Box NOT acceptable	2	ŠĘ.
Kissimmee Florida 34744		
The street address of its registered office and the street address of the business office of its register as changed will be identical.	red ag	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer sauthorized by the board, or the corporation has been notified in writing of the change.	ю	
Signature of an officer or director 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 regi agent. Or, if this document is being filed merely to reflect a change in the registered office addre, hereby confirm that the corporation has been notified in writing of this change.	stered ss, I	
Signature of Registered Agent Date		_
If signing on behalf of an entity:		
Jennie M. Schafield Typed or Printed Name		

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