L44605

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
	<u>. </u>	
Special Instructions to Filing Officer:		





700352191157

88/28/28--81935--804 ++85.08

2020 SEP 28 PH 1:58

To lohabe

COVER LETTER

Amendment Section

TO:

Division of Corporations

SUBJECT: JOE VOICE CUSTOM FLOOVS

DOCUMENT NUMBER: L44605

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:

Shern Thomas Louise Volpe Name of Contact Person

TOE VOLPE CUSTOM Floors

Firm/Company

TO25 Crystal Beach Rd

Address

Winter Haven FL 33880

City/State and Zip Code

Support Q Volve Floors

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

For further information concerning this matter, please call:

Sherry Thomas Louise Valla, 863, 293-4567

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OC WPC CUSTOM FROMS 2. The principal office address: 7025 Crystal Beach RC WINEY HOVEN FL 33880
3. The mailing address (it different): SOME, OS ADDE
4. Date of incorporation/qualification: 118 1990 Document number: L44605
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) VOLPE, JOSEPH R T025 Crystal Beach Rd Winter Haven, FL 33880
6. The name and street address of the new registered agent (if changed) and for registered office to the company of the new registered agent (if changed) and for registered office to the changed): DUISE L. VOLDE 100
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.
Signature of an officer or director 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. Out Date Date
If signing on behalf of an entity:
Louise L. Volpe Typed or Printed Name

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