## M03537

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## **COVER LETTER**

Marea-8 34 22 TO: Amendment Section **Division of Corporations** SUBJECT: CHARLEY TOPPINO & SONS, INC. Name of Corporation DOCUMENT NUMBER:\_ M03537 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: **RICHARD TOPPINO** Name of Contact Person Firm/Company P.O.BOX 787 Address KEY WEST, FL 33041-0787 City/State and Zip Code ASHLEYP@CHARLEYTOPPINO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICHARD TOPPINO 305 ) 296-5606 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section **Street Address:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

1 The name o	f the corporation: CHARLEY T	OPPINO & SONS, INC.
2. The principa	al office address: 129 TOPPINO INE	DUSTRIAL DRIVE, ROCKLAND KEY, KEY WEST, FL 3304
3. The mailing	address (if different): US HWY NO	D. 1 ROCKLAND KEY, P.O. BOX 787, KEY WEST, FL 3304
4. Date of inco	prporation/qualification: 08/02/1	984 Document number: M03537
	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	SPOTTSWOOD, JOHN	NM., JR
	500 FLEMING STREET	T SE
	KEY WEST, FL 33040	red agent (if changed) and /or registered office
6. The name ar (if changed)	:	red agent (if changed) and /or registered office
	RICHARD TOPPINO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	129 TOPPINO INDUST	FRIAL DRIVE Box NOT acceptable
	KEY WEST, FL 33040	лог пострыне
The street add	ress of its registered office and the	street address of the business office of its registered agent,
_		dopted by its board of directors or by an officer so een notified in writing of the change.
Bellen	Dalmi	RICHARD TOPPINO, AUTHORIZED PERSON
l hereby accep I further garee	IN COMMINS SUITE THE EVEN SUCCESSION OF A	Printed or typed name and title  gent and agree to act in this capacity.  full statutes relative to the proper and complete  h and accept the obligation of my position as registered  to reflect a change in the registered office address, I  tified in writing of this change.
kienakol T	gnature of Registered Agent	$\frac{27/8}{}$

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