

NO3000002525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

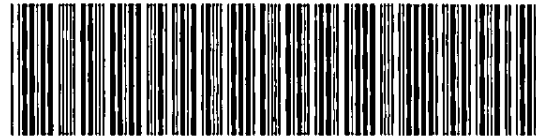
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 24 2018
T. LEMIEUX

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Update Registered Agent**

Name of Corporation

DOCUMENT NUMBER: **N03000002525**

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:

Paulette Leopold

Name of Contact Person

Gabriella's Tender Haven Inc

Firm/Company

1242 Buell Ave

Address

Fort Myers FL 33913

City/State and Zip Code

gtenderhaven1@yahoo.com

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

RECEIVED
10 SEP 17 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Paulette Leopold

Name of Contact Person

at **239 321-3539**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

PAULETTE LEOPOLD
GABRIELLA'S TENDER HAVEN, INC.
1242 BUELL AVE
FORT MYERS, FL 33913

SUBJECT: GABRIELLA'S TENDER HAVEN, INC.
Ref. Number: N03000002525

We have received your document for GABRIELLA'S TENDER HAVEN, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00019560

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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gabriella's Tender Haven, Inc.
2. The principal office address: 1242 Buell Ave Fort Myers FL, 33913
3. The mailing address (if different): 18121 NW 5TH Avenue Miami FL 33169
4. Date of incorporation/qualification: 03/24/2003 Document number: N03000002525
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)---

Leopold, Jean G

1242 Buell Ave

Fort Myers FL, 33913

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leopold, Paulette

18121 NW 5th Avenue

P.O. Box NOT acceptable

Miami Gardens FL, 33169

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

Paulette Leopold Executive Manager

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 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

September 13, 2018

Date

If signing on behalf of an entity:

Paulette Leopold

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314