111000000111

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



800305763778

11/21/17=-01008=-001 +*35.06

17 NOV 20 PH I2: 47
SEGRETA THE SEGRETATION OF THE

R. ""HITE NOV 22 20,7

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Palm Beach	Island Cats, Inc.
	Name of Corporation
DOCUMENT NUMBER:	
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Leslie Mo	1
	Name of Contact Person
Palm Bė	ach Island Cats, Inc.
	Firm/Company
P.O. Box	<u>l</u>
Palm Be	ach, FL 33480
<u></u>	City/State and Zip Code
lesliepmö́	ss@comcast.net
	(to be used for future annual report notification)
For further information concerns at	
For further information concerning the	
Leslie Moss	at (561 317-6209 Area Code & Daytime Telephone Number
Name of Contact Pers	on Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made pay	able to the Department of State.
Mailing Add Amendmen	Section Amendment Section
Division of P.O. Box 6 3	Corporations Division of Corporations
Tallahassee	i omton banding
i de la companya de	1

CR2E045 (03/12)

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

	¥ 1	0502, 607.1508, or 617.1508, Florida		
•	· [] ·	ganized under the laws of the State of gistered agent, or both, in the State of		-
1. The name of the corporation:	~ [] · · ·	•		
2. The principal office address:	480 Via Manan	a		
c. The principal office address.	Palm Beach, FL			
3. The mailing address (if differ	nt) P.O. Box 17	3	-	
	Palm Beach			
4. Date of incorporation/qualifi	Feb 5, 201	0N100	00001241	
5. The name and street address Florida Department of State:		ed agent and registered office on file vigned)	with the	
Corporate	reations		_	
11380 Pros	perity Farms Rd	I, #221E	- TAS	
Palm Beac	Gardens, FL 3	33410	Less:	·T1
6. The name and street address (if changed):	f the new registered a	agent (if changed) and /or registered o	::: N	Fm
Marcy I. La	Hart, P.A.			
4804 SW 4	ith <mark>S</mark> treet	•	5	
Gainesville	Ł i	NOT acceptable	_	
The street address of its registe as changed will be identical.	ed office and the stre	eet address of the business office of	its registered age	nt.
Such change was authorized by authorized by the board, or the	resolution duly adop orporation has been	oted by its board of directors or by ar notified in writing of the change.	n officer so	
Signature of an officer or dir	nos	Leslie P Moss, Exec. Di		-
further agree to comply with performance of my duties, and agent. Or, if this document is nereby confirm that the corpor	ne provisions of all s am familiar with an eing filed merely to r tion has/been notifie	10/as	mplete on as registered ice address, l	_
Signature of Registered f signing on behalf of an entity ARCY T La Har		Date		
Typed or Printed Name		FEE: \$35.00 * * *		

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