N1300000 4529

(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

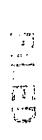


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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2019

GERARD O'GARA ANCIENT CITY PIPES AND DRUMS INC 8 WEBELO PLACE PALM COAST, FL 32164

SUBJECT: ANCIENT CITY PIPES AND DRUMS INC

Ref. Number: N13000004529

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The registered agent must sign accepting the designation.

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: 319A00018759

As Request, Attached plasse find Sisved And Corrected

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ANCIENT CITY PIPES AND DRUMS INC

Name of Corporation

N13000004529

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:

GERARD O'GARA

Name of Contact Person

ANCIENT CITY PIPES AND DRUMS

Firm/Company

8 WEBELO PLACE

Address

PALM COAST FL 32164

City/State and Zip Code

GMIOGARA@YAHOO,COM

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

For further information concerning this matter, please call:

GERARD O'GARA

Name of Contact Person

at (386 585-4466)

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

statement of ch	ange is submitte	ed for a corpora	ition organiza	607.1508, or 617.1 ed under the laws o ed agent, or both, ii	of the State of _	Florida	_
				and Drums	•	·torida.	
		8 Webelo		and Diums	<u> </u>		
2. The principa	rornee address	Palm Coas		64	<u></u>		
3. The mailing	address (if diffe	erent):					
4. Date of incor	poration/qualif	ication: 05/1	4/2013	Document num	nber: N130	00000452	9
5. The name an	d street address		egistered age	nt and registered of			
	JOHN T. KELLY					2019 (. 3)	
23 COLORADO DRIVE PALM COAST, FL 32137						2019 OCT -7	1
						-1	! ! }
6. The name an (if changed):	d street address	of the new regis	stered agent ((if changed) and /or	registered off	PH 4: 33	
	GERARD	O'GARA				111	
	8 WEBEL	O PLACE					
PALM COAST FL 32164							
The street address changed will	ess of its regist be identical.	ered office and t	the street add	dress of the busine	ss office of its	s registered ag	ent.
Such change wa authorized by the	as authorized b he hourd, or the	y esolution duly dorporation has	ly adopted by is been notifi	vits board of directed in writing of the	tors or by an ϵ change.	officer so	
Signatu	are of an officer or di	tector		JAMES DART	LEY, PRE		_
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointme to comply with my duties, and is document is that the corpor	ne as registered the provisions of I am familiar w being filed mere ration has been	l agent and a of all statute, with and acco ely to reflect notified in w	gree to act in this is s relative to the propert the obligation of a change in the re- riting of this chan	capacity, oper and comp of my position		
_/	23008	2		8/26/2019			_
If signing on be	nature of Registered				Date		
GERARD (,	3.					
	sped or Printed Nam		_				

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

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