

N15000005522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Acorn-Mattress Barn Property Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N15000005522

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:

DAVID FAHME
Name of Contact Person
Acorn Mini Storage, Inc
Firm/Company
189 Sebastian Blvd
Address
Sebastian Fl. 32958
City/State and Zip Code
buss6350@comcast.net
E-mail address: (to be used for future annual report notification)

18 DEC 23 AM 11:14
Filing Office
Division of Corporations

For further information concerning this matter, please call:

DAVID FAHME at (772) 589 6350
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Acorn-Mattress Barn POA Inc
2. The principal office address: 189 Sebastian Blvd Sebastian, FL 32958
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/1/15 Document number: N15000005522
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)

Ronald Levy (resigned)
PO Box 1000
Melbourne FL 32902

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

DAVID FAHMIE
189 Sebastian Blvd
Sebastian, FL 32958

P.O. Box NOT acceptable

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]
Signature of an officer or director

DAVID FAHMIE
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]
Signature of Registered Agent

12-20-16
Date

If signing on behalf of an entity:

DAVID FAHMIE
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