

N170000006294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

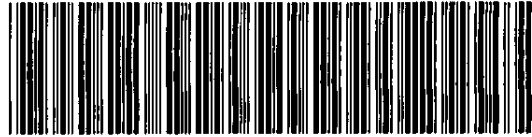
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Project Burghalie
Name of Corporation

DOCUMENT NUMBER: _____

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:

Terrance Smith
Name of Contact Person
Project Burghalie
Firm/Company
1001 Ocala Rd. Unit 125
Address
Tallahassee, FL 32304
City/State and Zip Code
ProjectBurghalie@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Terrance Smith at 850-567-5689
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: Project Burghalie
2. The principal office address: 2566 W. Tennessee St Unit 1634,
Tallahassee, FL 32304
3. The mailing address (if different): P.O. Box 20812, Tallahassee, FL
32316

4. Date of incorporation/qualification: 6/12/2017 Document number: N17000006294

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)

LegalCorp Solutions, LLC
3490 W. Hollywood Blvd. Suite 415
Hollywood, FL 33021

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

Terrance Smith
1001 Ocala Rd. Unit 125
Tallahassee, FL 32304

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.

Terrance Smith
Signature of an officer or director

Terrance Smith - President
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.

Terrance Smith
Signature of Registered Agent

06/29/2017
Date

If signing on behalf of an entity:

Terrance Smith
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

CR2E045 (03/12)

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