## 1121000003003

(Re	questor's Name)	<del></del>
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



500374040635

10/01/21--01021--010 \*\*35.00

2021 COT -1 PM 2: 46

REJARY OF STATE
RALLARASSEE, FL

to real contractions

## **COVER LETTER**

TO: Amendment/Section Division of Corporations	•
SUBJECT: Angelspeakers, Inc Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: N21000003003	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Staci Lord	
Name of Contact Person	<del></del>
Angelspeakers, Inc.	
Firm/Company	<del></del>
533 Stowers Drive	
Address	
New Smyrna Beach, FL 32168	
City/State and Zip Code	
stacilord68@gmail.com	
E-mail address: (to be used for future annual report no	notification)
For further information concerning this matter, please call	1:
Teresa Miller	at (954 )551-5694 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	ent of State.
Mailing Address: Str	reet Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Angelspeakers, Inc.
	office address: 3901 NW 79TH AVE, STE 245 #3054
3. The mailing a	ddress (if different):
	poration/qualification: 02/15/2021 Document number: N21000003003
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	LEGALINC CORPORATE SERVICES INC.
	5237 SUMMERLIN COMMONS SUITE 400
	Fort Myers, FL 33907
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Staci Lord
	533 Stowers Drive
	P.O. Box NOT acceptable  New Smyrna Beach, FL 32168
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Seresa	amilla Teresa A. Miller, President
I hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
<u>Stac</u>	1 Sol 25, 201 Date  Date
If signing on be	half of an entity:
Angel 59	PEAKERS INC