

N24796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 MAR 10 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/17/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

Florida Antique Tackle Collectors, Inc.

NAME OF CORPORATION: _____

N24796

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Premaza

(Name of Contact Person)

(Firm/ Company)

485 Marsh Creek Road

(Address)

Venice/Florida 34292

(City/ State and Zip Code)

wpremaza@aol.com

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

For further information concerning this matter, please call:

Bill Premaza

941 244 0880

(Name of Contact Person) at _____
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

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

Street Address

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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Antique Tackle Collectors, Inc.
133 Lake Susan Rd. Hawthorne, Florida, 32640
2. The principal office address: _____
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/11/1988 Document number: N24796
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)

Bill Premaza

485 Marsh Creek Road

Venice, Florida 34292

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

Grace Chlastawa

133 Lake Susan Rd.

P.O. Box NOT acceptable

Hawthorne, Florida, 32640

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TALLAHASSEE, FL

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.

William (Bill) S. Premaza
Signature of an officer or director

Bill Premaza, Secretary

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.

Grace Chlastawa
Signature of Registered Agent

3-4-22
Date

If signing on behalf of an entity:

Grace Chlastawa

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 (04/13)