

N39644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

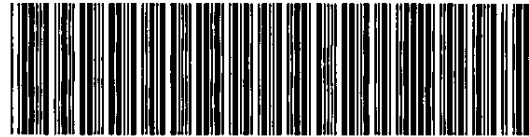
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200260882502

06/09/14--01015--004 **35.00

FILED
14 JUN -9 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 20 2014
C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SINGING CLUB INC.
(Name of Corporation)

DOCUMENT NUMBER: N 39 644

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT ANTHONY
(Name of Person)

THE SINGING CLUB INC.
(Name of Firm/Company)

3521 N.W. 8TH AVE.
(Address)

POMPANO BEACH FLA 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT ANTHONY at (954) 599-6117
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE SINKING CLUB INC.
2. The principal office address: 3521 N.W. 8TH AVE
POMPANO BEACH FLORIDA 33064
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8-10-1990 Document number: N39644
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)
CHRIS DAVIES
2421 N.E. 20TH AVE. #A
LIGHTHOUSE POINT, FLA 33064

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

ROBERT ANTHONY
11 MEACHAM LANE
P.O. Box NOT acceptable
TAMARAC FL 33319

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 of an officer or director

CHRIS DAVIES (DIRECTOR)
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 of Registered Agent

6-2-2014
Date

If signing on behalf of an entity:

ROBERT ANTHONY
Typed or Printed Name

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