

PD 0000000576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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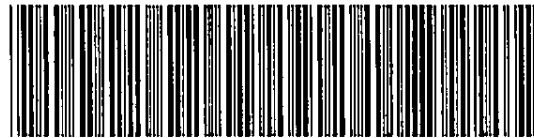
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RAK LIQUORS, INC.
Name of Corporation

DOCUMENT NUMBER: 00000000576

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:

RENE NIELSEN
Name of Contact Person

GARP & FUSZ
Firm/Company

348 N. PARK AVE STE 5
Address

WINTER PARK FL 32789
City/State and Zip Code

RENE1626@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENE NIELSEN at (954) 240-8598
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 6827
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PARK LIQUORS, INC.
2. The principal office address: 348 N. PARK AVE STE 5
WINTER PARK, FL 32789
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11-23-1999 Document number: P00000000576
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)
RENIE NIELSEN
9460 NW 33 MANOR
SUNRISE, FL 33351

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

RENIE NIELSEN
348 N. PARK AVE STE 5
WINTER PARK, FL 32789

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.

Renie Nielsen

Signature of an officer or director

RENIE NIELSEN

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.

Renie Nielsen

Signature of Registered Agent

9-7-2017

Date

If signing on behalf of an entity:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA