

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE ALFRED ANGELO - THE COMPANY STORE, INC.

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7/1/2015

. 7/1/2015 2:25:15 PM From: To: 8506176380( 2/3 )

**COVER LETTER** 

TO:	nendment Section vision of Corporations					
CURI	ALFRED ANGELO - THE COMPANY STORE, INC.					
3000	Name of Corporation					
DOC	P00000016166  JMENT NUMBER:					
The ea	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Vanessa McIntosh					
	Name of Contact Person					
	Alfred Angelo Newco, Inc.					
	Firm/Company					
	1625 S Congress Avenue, Suite 400					
	Address					
	Delray Beach, FL 33445					
	City/State and Zip Code					
	vmcintosh@alfredangelp.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
	Name of Contact Person at ( )  Area Code & Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:  Amendment Section  Street Address:  Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of change is	submitted for a corporation orga	anized under the laws of the State of Florida  stered agent, or both, in the State of Florida.	
	rporation: ALFRED ANGELO - TI		
2. The principal office	address: 1625 \$ Congress Avenue	, Suite 400, Delray Beach, FL 33445	
3. The mailing addres	s (If different):		
4. Date of incorporation	on/qualification: 02/15/2000	Document number: P00000016166	
	et address of the current registered t of State: (If resigned, enter resig	d agent and registered office on file with the gned)	
REG	ISTERED AGENTS LEGAL SERV	VICES, LLC	4
155 (	OFFICE PLAZA DR. SUITE A		ALL
TAL	LAHASSEE, FL 32301		
6. The name and stree (if changed):	et address of the new registered a	gent (if changed) and /or registered office	INI -   AM II: 33
ст	Corporation System		T. ORIDA
c/o (	T Corporation System, 1200 South	h Pine Island Road	33 EA
	P.O Box N	IOT acceptable	
Plan	tation, Florida 33324		
The street address of as changed will be id	its registered office and the stre	et address of the business office of its registered age	nt,
		ted by its board of directors or by an officer so notified in writing of the change.	
W.	ue Amured	Ausha Arnold, Authorized Person	_
	notice or director appointment as registered agent mply with the provisions of all st luties, and I am familiar with an cument is being filed merely to r the corporation has been notified	Printed or typed name and title  and agree to act in this capacity, tatutes relative to the proper and complete d accept the obligation of my position as registered effect a change in the registered office address, I d in writing of this change.	
By: C T Corporati		06/02/2015	
Signature	of Registered Agent	Date	_
If signing on behalf	of an entity:		
Jordan Brown- Assista	<u> </u>		
ryped o	r Printed Name * * * FILING	FFE: \$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)