

P000 000 89120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

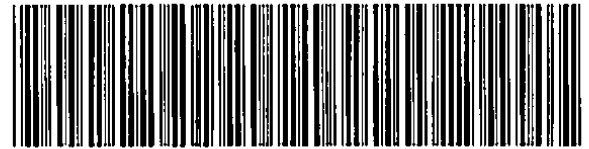
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**ALL-TAG CORPORATION**

**SUBJECT:** \_\_\_\_\_  
Name of Corporation  
P00000089120

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

**STUART SEIDEL**

\_\_\_\_\_  
Name of Contact Person  
**ALL-TAG CORPORATION**

\_\_\_\_\_  
Firm/Company  
**1155 BROKEN SOUND PARKWAY, UNIT E**

\_\_\_\_\_  
Address  
**BOCA RATON, FL 33487**

\_\_\_\_\_  
City/State and Zip Code  
**SEIDEL@ALL-TAG.COM**

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

For further information concerning this matter, please call:

**STUART SEIDEL**

**561 998-9983**

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
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 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.

**ALL-TAG CORPORATION**

1. The name of the corporation: ALL-TAG CORPORATION  
2. The principal office address: 1155 BROKEN SOUND PARKWAY, UNIT E, BOCA RATON, FL 33487

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: JAN 22, 1996 Document number: P00000089120

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)

EISLER, MICHAEL J, STRAUS & EISLER, PA

1290 WESTON RD, SUITE 314

WESTON, FL 33326

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

ERIC L GLAZER

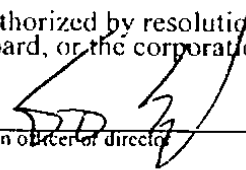
2300 NW CORPORATE BLVD, SUITE 232

P.O. Box NOT acceptable

BOCA RATON, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

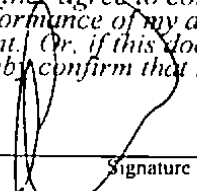
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

STUART SEIDEL, PRESIDENT

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

7/9/19

Date

If signing on behalf of an entity:

Eric L. Glazer Esq.

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

CD25015 (07/19)