

PO10000 96900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

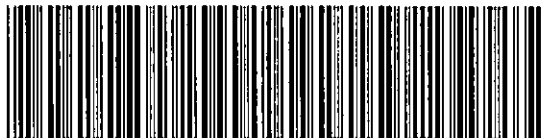
(Business Entity Name)

(Document Number)

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S TALLENT
JUL 16 2018

FILED
18 JUL 13 PM 3:30
CLERK OF COURT
JUL 13 2018

R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SurfSide Transcript, Inc.
Name of Corporation

DOCUMENT NUMBER: PC1000096900

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:

Steven A. Schuet
Name of Contact Person

Law Office of Steven A. Schuet
Firm/Company

15 SW 10 st.
Address

FT. Lauderdale FL 33315
City/State and Zip Code

SCHAETLAW@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven A. Schuet at (954) 728-3477
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 6327
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: Surfside Transcript, Inc.
2. The principal office address: 3001 SW 18 Terrace, #107
Ft. Lauderdale FL 33315
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/3/2001 Document number: PO1000096900
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)
Thomas G PYE
2701 CE OAKland PK Blvd
Ft. Lauderdale FL 33306

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

Steven A. Schaefer

15 SW 10 street

P.O. Box NOT acceptable

Ft. Lauderdale FL 33315

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]

Signature of an officer or director

Terry Thurber POA Steven Schaefer

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]

Signature of Registered Agent

7/11/18

Date

If signing on behalf of an entity:

Steven A. Schaefer POA for Terry Thurber

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 (03/12)

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18 JUL 13 PM 3:30