

P03000003763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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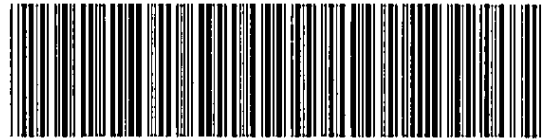
(Business Entity Name)

(Document Number)

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2019 JUN 17 PM 2:58
JUN 18 2019

C. GOLDEN

JUN 27 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dr. Colorchip, Corp
Name of Corporation

DOCUMENT NUMBER: P03000003763

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:

Daniel J McCool
Name of Contact Person

Dr. Colorchip, Corp
Firm/Company

5126 Isabella Dr
Address

Palm Beach Gardens/FL/33418
City/State and Zip Code

mccoolr2002@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel McCool at (561) 232-8812
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: Dr. ColorChip, Corp.
2. The principal office address: 1369 North Killian Dr. Suite #1
Lake Park, FL, 33403
3. The mailing address (if different): 5126 Isabella Dr. Palm Beach
Gardens, FL 33403
4. Date of incorporation/qualification: January 10, 2003 Document number: P03000003763
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)

Bryan McCool resigned
5126 Isabella Dr
Palm Beach Gardens, FL 33418

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

Chris Philbin
10445 Ebbitt Rd
P.O. Box NOT acceptable
JACKSONVILLE, FL 32246

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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.

Daniel McCool
Signature of an officer or director

Daniel McCool, 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.

Chris Philbin
Signature of Registered Agent

6/10/19
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
CR2E045 (03/12)