

PO3000147469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
on 12/15/06

Office Use Only



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FILED
2006 DEC 15 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reberts DEC 15 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2006

MICHAEL ABRAMSON, INC.
1058 CITRUS AVE N E
PALM BAY, FL 32905

SUBJECT: MICHAEL ABRAMSON, INC.
Ref. Number: P03000147469

We have received your document for MICHAEL ABRAMSON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete blocks #5 & 6 with registered agent name.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 006A00069956

PAID \$35.00
CHECK # 1082 on 11/29/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Address, Michael Abramson, Inc
(Name of Corporation)

DOCUMENT NUMBER: P030001 47469

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:

Michael Abramson
(Name of Contact Person)

Michael Abramson, Inc
(Firm/Company)

1058 Citrus AV, NE
(Address)

Palm Bay, FL 32905
(City/State and Zip Code)

For further information concerning this matter, please call:

SAME at (321) 514-7979
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
16 DEC 15
DIVISION OF CORP.

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: Michael Abramson, Inc.
2. The principal office address: 1058 Citrus Av, NE
Palm Bay, FL 32907
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/04/2003 Document number: P03000147469

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael Abramson
1374 Helvenston St., NW
Palm Bay, FL 32907

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

Michael Abramson
1058 Citrus Av. NE
(P.O. Box NOT acceptable)
Palm Bay, FL 32905

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 15 PM 3:53

FILED

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.

Michael Abramson
(Signature of an officer or director)

Michael Abramson, 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.

Michael Abramson
(Signature of Registered Agent)

12-10-06
(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