

PO4000015745

no return address
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

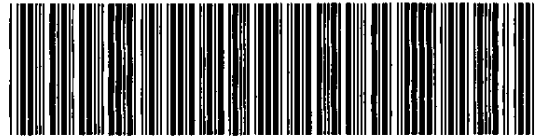
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400172971654

03/29/10--01004--013 **35.00

FILED
2010 APR - 7 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

APR - 7 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Phil's Custom Cabinet Inc.
Name of Corporation

DOCUMENT NUMBER: P04000015745

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 Giambalvo
Name of Contact Person

Phil's Custom Cabinet Inc
Firm/Company

1158 SW 1st way
Address

Deerfield Beach, Fla 33441
City/State and Zip Code

phcabinets@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Giambalvo at (954-) 421-4558
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2010

PHILS CUSTOM CABINET INC.
1158 SW FIRST WAY
DEERFIELD BEACH, FL 33441

SUBJECT: PHILS CUSTOM CABINET INC.
Ref. Number: P04000015745

We have received your document for PHILS CUSTOM CABINET 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):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00007813

**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: Phil s Custom Cabinet Inc.
2. The principal office address: 1158 SW 1st way
Deerfield Beach, Fl 33441
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/21/2004 Document number: P04000015745
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)

Marcus, Gerald

10531 NW 18th Court

Plantation, Fla 33322

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

Michael Giambalvo

1158 SW 1st way


P.O. Box NOT acceptable

Deerfield Beach, FLA 33441

FILED
2010 APR -7 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Michael Giambalvo (PRES)
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

April 5, 2010
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 (8/05)