

PS4000095223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **STM Enterprises**

Name of Corporation

DOCUMENT NUMBER: **P0400005223**

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:

Pietrina Sams

Name of Contact Person

Firm/Company

C/o CATHERINE SAMS 656 Beach Dr NE #8

Address

St. Petersburg, FL 33701

City/State and Zip Code

trinasams@gmail.com

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

For further information concerning this matter, please call:

Pietrina Sams

Name of Contact Person

at (**786**) **210 7707**

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

Please, change the Officer and Director of:

STM Enterprises

Document Number: P04000095223

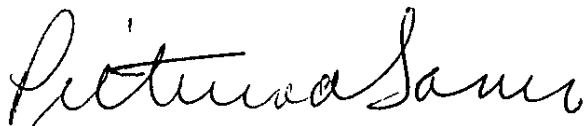
Officer and Director: Pietrina Sams

Address: C/o CATHERINE SAMS

656 Beach Drive NE Apt #8

St. Petersburg, FL 33701

Thank you.

A handwritten signature in cursive script that reads "Pietrina Sams". The signature is written in dark ink and is positioned above the printed name.

Pietrina Sams

**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: STM Enterprises
2. The principal office address: C/o CATHERINE SAMS 656 Beach Drive NE #8,
St. Petersburg FL 33701
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/22/2004 Document number: P04000095223
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)

Sams, Pietrina
1613 60th St. South
Gulfport, FL 33701

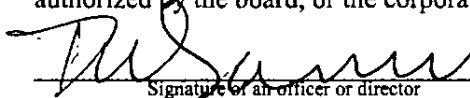
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pietrina Sams (name same as before)
C/o CATHERINE SAMS 656 Beach Drive NE #8
P.O. Box NOT acceptable
St. Petersburg, FL 33701

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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.


Signature of an officer or director

PIETRINA SAMS
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
PIETRINA SAMS

1/11/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***