## P040018675

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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RACKS SEP 17.2013 R. WHITE SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Survect: Molle, Inc.

Name of Corporation

DOCUMENT NUMBER:

P04000118675

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:

Renee Marquis-Abrams, Esq.

Name of Contact Person

Neill, Griffin, Tierney, Neill & Marquis, Chartered

Firm/Company

P.O. Box 1270

Address

Fort Pierce, Florida 34954

City/State and Zip Code

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

For further information concerning this matter, please call:

Renee Marquis-Abrams

...772 464-8200

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: Molle, Inc.	
2. The principal office address: 896 N.E. Sumner Avenue, Jensen Beach, Florida 34957	
	_
3. The mailing address (if different): Same	
4. Date of incorporation/qualification: August 16, 2004 Document number: P04000118675	
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)	
Alene S. Molle	
896 N.E. Sumner Avenue	
Jensen Beach, Florida 34957	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	***
Vincent Molle, Sr.	1
DATE L	
P.O. Box NOT acceptable	
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.	
Wincent Molle, Sr.  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.	
Westernament Phalle Sp. 8/12/13 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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