

PD5000047373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 NOV 20 PM 12:23
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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STORMIE BROOK, INC.
Name of Corporation

DOCUMENT NUMBER: 205000047373

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:

Cindy Carlson
Name of Contact Person

Stormie Brook, INC
Firm/Company

10001 PARADISE Blvd.
Address

TREASURE Island FL 33706
City/State and Zip Code

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

For further information concerning this matter, please call:

Cindy Carlson
Name of Contact Person

at (727) 385-8655
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

November 3, 2015

CINDY CARLSON
10001 PARADISE BLVD
TREASURE ISLAND, FL 33706

SUBJECT: STORMIE BROOKE, INC.
Ref. Number: P05000047373

We have received your document for STORMIE BROOKE, 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):

You have submitted two documents under one filing fee. Please select the one that you wish to file and resubmit. Or you may file them both by remitting an additional \$35.00.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 315A00023191

REC-6117-319

15 NOV 20 10:21

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**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: Stormie Brook, Inc.
2. The principal office address: 10001 PARADISE BLVD
TREASURE ISLAND FL 33706
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/24/2005 Document number: 2050000 47373

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)

Glen Gibellina
7110 25TH Street East
Sarasota FL 34243

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

Cindy Carlson
10001 PARADISE Blvd.
P.O. Box NOT acceptable
Treasure Island FL 33706

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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.

Cindy Carlson
Signature of an officer or director

Cindy Carlson
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.

Cindy Carlson
Signature of Registered Agent

10-26-2015
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