

PO5000047373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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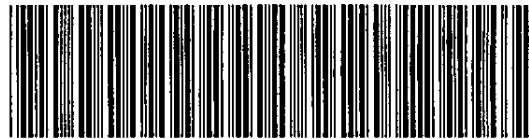
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 17 2016

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **STORMIE BROOKE, INC.**

Name of Corporation

DOCUMENT NUMBER: **PO5000047373**

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 BROOKE, INC.

Firm/Company

3505 58TH AVE. NORTH LOT 66

Address

ST. PETERSBURG, FL 33714

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

**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 BROOKE, INC
2. The principal office address: 3505 58TH AVE. NORTH LOT 66
ST. PETERSBURG, FL 33714
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/24/2005 Document number: PO5000047373

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)

CINDY CARLSON

10001 PARADISE BLVD

TREASURE ISLAND FL 33706

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

CINDY CARLSON

3505 58TH AVE. NORTH LOT 66

P.O. Box NOT acceptable

ST PETERSBURG, FL 33714

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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

OCTOBER 12, 2016

Date

If signing on behalf of an entity:

CINDY CARLSON

Typed or Printed Name

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