## P05 0000 50818

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(00	ocument Number)	
(50	oument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Change of	of Address	or Business	Name
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Complete, sign, and mail this form with your tax return:

- to correct the address below
- to change business location (within the same county)
- to change mailing address
- to change business name

You must submit a completed copy of this form for each certificate number or business location.

Moving your business location from one county to another requires a new registration (see "Resources" in the instructions).

If you are closing or selling your business, complete the "Closing or Sale of Business" form located on the reverse side of this form.

CERTIFICATE NO. 16-8012110325-0 ALVERN MARINE EXHAUST ALVERN ENTERPRISE INC

3020 NE 47TH ST

FORT LAUDERDALE FL 33308-5320

Cartificate Number (If not preprinted at lower left)

16-8012110325-0 New Location Address 2711 SW 2 AVENUE

City FORT LAUDERDAKSTATE FLZIP 33315

Telephone (954) 524-6263 County BROWARD

In Care of AIFRED CIARKE New Mailing

Mailing Address 2711 SW 2 AVENUE Address

City FORT LANDERDAY State FL ZIP 33315

Owner's Telephone (954) 818-6531

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