

P05000 067 749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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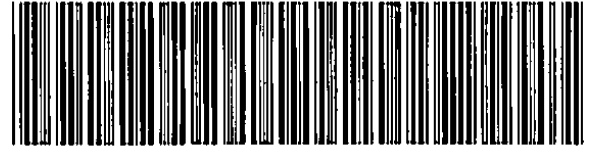
(Business Entity Name)

(Document Number)

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SEP 10 2019

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STATE OF ALABAMA

RIA-26

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Custom Fit Pro Labs, Inc.

Name of Corporation

DOCUMENT NUMBER:

POS000067749

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:

Mark Thigpen

Name of Contact Person

Custom Fit Pro Labs Inc.

Firm/Company

8401 W. McNab Road

Address

Tamarac, FL 33321

City/State and Zip Code

thiggy3@gmail.com

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

For further information concerning this matter, please call:

Mark Thigpen

Name of Contact Person

at

954 644-9248

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: Custom Fit Pro Labs, Inc.  
2. The principal office address: 8401 W. McNab Road  
Tamarac, Fl. 33321  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 9, 2005 Document number: P05000067749

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)

Tobin & Reyes, P.A.

225 N.E. Mizner Blvd. Suite 510

Boca raton , Fl 33432

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

Jeffrey A. Sarrow

7777 Glades Road Suite 400

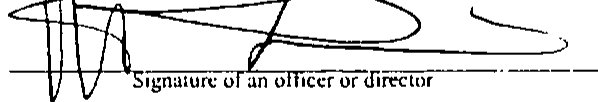
P.O. Box NOT acceptable

Boca Raton, FL 33434

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TALLAHASSEE, FL

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

Mark Thigpen, President

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

Aug.15, 2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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