

P06000069030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

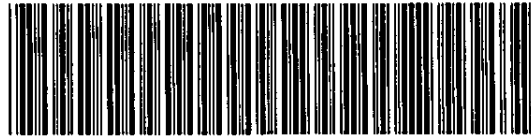
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200249994172

07/24/13--01006--004 **35.00

FILED
13 AUG -7 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/7/13
Rm en

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Cabinet Spot, INC
Name of Corporation

DOCUMENT NUMBER: PO6000069030

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:

PHILLIP WILLIAMS
Name of Contact Person
THE CABINET SPOT, INC.
Firm/Company
291 S.W. 100 AVE.
Address
PEMBROKE PINES, FL 33025.
City/State and Zip Code
philwill62@yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIP WILLIAMS at 954, 665-3343.
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2013

PHILLIP WILLIAMS
291 SW 100 AVE
PEMBROKE PINES, FL 33025

SUBJECT: THE CABINET SPOT, INC.
Ref. Number: P06000069030

We have received your document for THE CABINET SPOT, 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):

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 813A00018108

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: The Cabinet Spot, Inc
2. The principal office address: 291 SW 100 Ave
Pembroke Pines, FL 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/7/06 Document number: P06000069

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)

Ella Francis
291 SW 100 Ave
Pembroke Pines, FL 33025

Resigned as
Registered officer
and
Agent

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

Phillip Williams
291 S.W. 100 AVE.
Pembroke Pines, FL 33025.

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.

[Signature]
Signature of an officer or director

Ella Francis
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]
Signature of Registered Agent

7-22-13
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
CR2ED45 (03/12)