

PO1000029573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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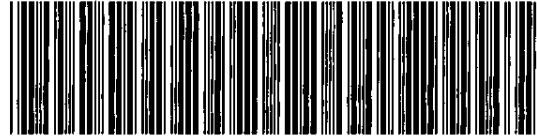
(Business Entity Name)

(Document Number)

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APR 11/6/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAITHFUL AND TRUE, INC
(Name of Corporation)

DOCUMENT NUMBER: P07000029573

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:

MATTHEW DESLIPPE
(Name of Contact Person)

FAITHFUL AND TRUE, INC
(Firm/Company)

2708 NE 37TH DR.
(Address)

FT LAUDERDALE, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW DESLIPPE at (954) 651-1844
(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

December 24, 2007

MATTHEW DESLIPPE
2708 NE 37 DR
FT LAUDERDALE, FL 33308

SUBJECT: FAITHFUL AND TRUE, INC
Ref. Number: P07000029573

We have received your document for FAITHFUL AND TRUE, 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):

If you are changing the registered agent please give the name of that person. I have already changed the principal address we do those for free.

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) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 407A00071360

RECEIVED
2008 JAN 14 AM 8:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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: FAITHFUL AND TRUE, INC
2. The principal office address: 2708 NE 37TH DRIVE
FORT LAUDERDALE FL 33308
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/6/07 Document number: P07000029573

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: -

BUSINESS FILINGS INC
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

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

* MATTHEW DESLIPE
2708 NE 37TH DR.
FT LAUDERDALE, FL 33308

(P.O. Box NOT acceptable)

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TALLAHASSEE FLORIDA

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.

Matthew Deslippe
(Signature of an officer or director)

MATTHEW DESLIPE 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.

Matthew Deslippe
(Signature of Registered Agent)

Dec 17, 2007
(Date)

If signing on behalf of an entity:

MATTHEW DESLIPE
(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