

PO1000032378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

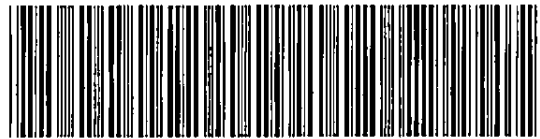
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gallery Piquel Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P07000032378

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:

Tamara Serenduke Cannon

Name of Contact Person

Gallery Piquel Corporation

Firm/Company

1314 E Las Olas Blvd #1816

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

tamara@gallerypiquel.com

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

For further information concerning this matter, please call:

James Cannon Jr

Name of Contact Person

at (215) 858 7264

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Gallery Piquel Corporation
2. The principal office address: 39 N Main Street, New Hope, PA 18938
3. The mailing address (if different): same
4. Date of incorporation/qualification: 3/13/2007 Document number: P07000032378
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)

CANNON, TAMARA S  
2564 NE 26TH AVENUE  
FORT LAUDERDALE, FL 33305

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

CANNON, TAMARA S  
1314 E Las Olas Blvd #1816  
Fort Lauderdale, FL 33301

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 of an officer or director

James E Cannon Jr - VP

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.

X   
Signature of Registered Agent

03/11/23

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  
CR2E045 (04/13)