

PO7000049993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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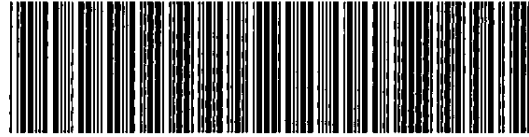
(Business Entity Name)

(Document Number)

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PO 9/2/11
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allied TV & Satellite Inc
Name of Corporation

DOCUMENT NUMBER: P07000049993

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:

Gerald Dudde
Name of Contact Person

Allied TV & Satellite Inc
Firm/Company

741 Shamrock Blvd
Address

Venice, FL 34293
City/State and Zip Code

alliedtvonline@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Dudde at (941) 445-5285
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

**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: Allied TV & Satellite Inc
2. The principal office address: 741 Shamrock Blvd Venice, FL 34293
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/25/2007 Document number: P07000049993
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)

Gerald Dudde

1407 East Gate Dr

Venice, FL 34292

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

Gerald Dudde

756 Sugarwood Way

P.O. Box NOT acceptable

Venice, FL 34292

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.

Gerald Dudde
Signature of an officer or director

Gerald Dudde
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.

Gerald Dudde
Signature of Registered Agent

8/29/2011
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 (8/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 31 PM 12:15