

PO7000122276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

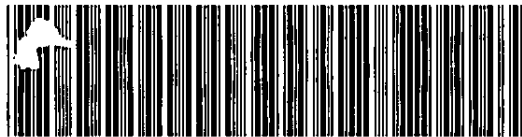
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC -8 PM 1:46

C.L.
12-12-14

COVER LETTER

TO: Amendment Section
Division of Corporations

double g telecom inc
SUBJECT: _____

Name of Corporation

P07000122276, TAX ID 261396033

DOCUMENT NUMBER: _____

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:

gina bita

Name of Contact Person

double g telecom inc

Firm/Company

563 lakeside cir

Address

sunrise ,fl, 33326

City/State and Zip Code

ginabita@hotmail.com

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

For further information concerning this matter, please call:

gina bita

954

8303070

at (_____)

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

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.

3. The mailing address (if different): 151 n nob hill rd #283, plantation, fl, 33324

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)

563 LAKESIDE CIR, SUNRISE, FL, 33326

GABRIEL BITA

151 N NOB HILL RD, #283, PLANTATION, FL, 33324

P.O. Box NOT acceptable

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.

GABRIEL BITA, 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.

12/04/2014

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CD7E045 (02/17)

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