

1.
P08 000054 741

(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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JUN 14 2017

R. WHITE

17 JUN 13 2017 11:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2017

MIKE SMITH
EQUIVOGUE CORP
1631 ROCK SPRINGS RD #413
APOPKA, FL 32712

SUBJECT: EQUIVOGUE CORP.
Ref. Number: P08000054741

We have received your document for EQUIVOGUE CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Valerie Herring
Regulatory Specialist III

Letter Number: 717A00009666

From:

Equivogue Corp
1631 Rock Springs Rd, #413
Apopka, FL, 32712

To:

Amendment Section
Division of Corporations
P.O Box 6327
Tallahassee, FL, 32314

Object: Change of registered agent – Document #P08000054741

Following Equivogue change of registered agent rejection by your services, please find here attached the following documents:

- A new cover letter,
- A new Statement of Change of Registered Agent

Payment already sent via check #1482 dated 04/24/2017, cashed on 05/11/2017 for \$35.

17 JUN -9 PM 1:37

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Equivogue Corp.

Name of Corporation

DOCUMENT NUMBER: P08000054741

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:

Mike Smith

Name of Contact Person

Equivogue Corp

Firm/Company

1631 Rock Spring rd #413

Address

Apopka, FL, 32712

City/State and Zip Code

admin@treetopconcept.com

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

For further information concerning this matter, please call:

Mike Smith

Name of Contact Person

at (407) 4173074

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: Equivogue Corp
2. The principal office address: 1631 Rock Springs Rd #413
Apopka, FL, 32712
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/04/2008 Document number: P08000054741
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)

Dauny Florian J, Esq.

18851 NE 29th Avenue, suite 700

Aventura, FL, 33180

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

PA2NOM CORP

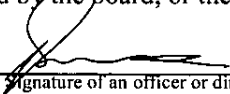
350 Lincoln, Rd, Ste Massat 3031

P.O. Box NOT acceptable

Miami Beach, FL, 33139

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.

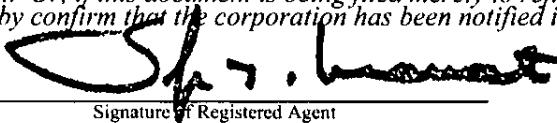


Signature of an officer or director

Mike Smith, Dir

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 of Registered Agent

06/01/2017

Date

If signing on behalf of an entity:

Serge J Massat

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