

P09000093638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

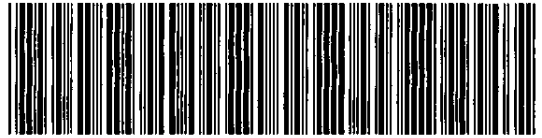
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/09--01022--014 **35.00

SECRETARY OF STATE
ALABAMA SEC. FILING

09 DEC -7 PM 2:53

FILED

PA Change

~~D. G. GIBSON~~ DEC 08 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2009

ALAN GOOLD
1245 S. POWERLINE ROAD
#194
POMPANO BEACH, FL 33069

SUBJECT: ALL STATE LIQUIDATORS, INC.
Ref. Number: P09000093638

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 809A00036553

*Please find enclosed
correct documents*

2009 DEC -7 AM 12:00
TALLAHASSEE
STATE
SECRETARY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL STATE LIQUIDATORS, INC.
Name of Corporation

DOCUMENT NUMBER: P09000093638

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:

ALAN GOOLD
Name of Contact Person

ALL STATE LIQUIDATORS, INC.
Firm/Company

1245 South Powerline Rd #194
Address

Pompano Beach, FL 33069
City/State and Zip Code

allstateliquidators@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN GOOLD at (954) 532-5865
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALL STATE LIQUIDATORS, INC.
2. The principal office address: 1245 South Powerline Road #194
Pompano Beach, FL 33069
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/13/09 Document number: P09000093638

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)

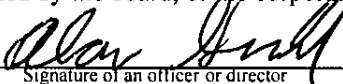
ALAN GOOLD
550 Oaks LN #103
Pompano Beach, FL 33069

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

ALAN GOOLD
1245 South Powerline Rd. #194
P.O. Box NOT acceptable
Pompano Beach, FL 33069

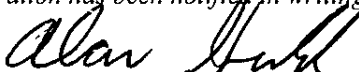
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ALAN GOOLD, PRES.
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

12/3/09
Date

If signing on behalf of an entity:

ALAN GOOLD
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

FILED
09 DEC -7 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL 32310