## P10000014970

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C. LEWIS

APR 1 # 2014

EXAMINER

## COVER LETTER

TO:

Amendment Section Division of Corporations

**SUBJECT:** Float Left Interactive

Name of Corporation

DOCUMENT NUMBER

P10000014970

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:

Kelly Schaeffer

Name of Contact Person

Float Left Interactive

Firm/Company

1080 E. Indiantown Rd, Suite 206

Address

Jupiter, FL 33477

City/State and Zip Code

kschaeffer@floatleftinteractive.com

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

For further information concerning this matter, please call:

Kelly Schaeffer

..,561

935-9685

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

statement of cha	nge is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of <mark>Florida</mark> ristered agent, or both, in the State of Florida.	this	
1. The name of t	he corporation: Float Left Intera	ctive, Inc.		
2. The principal Jupiter, F	office address: 1080 E. Indianto	wn Rd, Suite 206		<u> </u>
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 2/18/2010	Document number: P10000014	970	
5. The name and		d agent and registered office on file with the gned)		
	1080 E. Indiantown Rd, Su	ite 206		
	West Palm Beach, FL 3340	07		
( T)			IALI	14
(if changed):	Ü	gent (if changed) and /or registered office	ORL IAI	APR -
	1080 E. Indiantown Rd, Su	lite 206		(C)
Jupiter, FL 33477  P.O. Box NOT acceptable			; = = = : ; = : :	
	T.O. BOX 1	чот ассерване		0,5
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of its registe	ered agen	ıt,
Such change wa authorized by th	as authorized by resolution duly adop the board, or the corporation has been	nted by its board of directors or by an officer an otified in writing of the change.	<b>\$0</b>	
Mon	to of anyofficyr or director	Thomas Schaeffer Printed or typed name and title		
I hereby accept I further agree I performance of agent. Or, if thi hereby confirm	the appointment as registered agent o comply with the provisions of all s. my duties, and I am familiar with an is document is being filed merely to rethat the corporation has been notifie	and agree to act in this capacity, tatutes relative to the proper and complete d accept the obligation of my position as reg reflect a change in the registered office addre d in writing of this change.	istered ess, I	
	_	4/4/2014		
· ·	nature of Registered Agent	Date		
It signing on be	half of an entity:			
T	ped or Printed Name			

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