P10000031491

(Requestor's Name)				
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(Cit	:y/State/Zip/Phone	e #)		
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PICK-UP	WAIT	MAIL		
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ua)	siness Entity Nar	пеј		
(Do	cument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer			
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Office Use Only



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SECRETARY OF STATE

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R.A.

Brown

6-29-11

COVER LETTER

续

TO: Amendment Division of C	Section Corporations				
SUBJECT:	Stressless G	allery Inc.			
	Name of C	orporation			
DOCUMENT NUM	BER: P10	000031491			
The enclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submi	tted for filing.		
Please return all corre	espondence concerning this matte	r to the following:			
	Nancy	L. Kulm			
	Name of Co	L. Kulm ntact Person	·		
		ather Gallery			
	- Firm/Co	ompany			
	1				
_		Blvd., Suite 106			
	Add	ress			
-	Jacksonville	e, FL 32246 nd Zip Code			
	City/State at	id Zip Code			
	sales@elg.co	mcastbiz.net			
E-mail address: (to be used for future annual report notification)					
For further information	on concerning this matter, please of	call:			
A. 1	anavil Kules	004	000 0570		
	ancy L. Kulm of Contact Person	at (904) Area Code & Davti	683-6573 me Telephone Number		
1 taille	or contact i dison	Anou code to Day	me receptione realities		
Enclosed is a \$35.00	check made payable to the Depart	tment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment So			
	Division of Corporations	Division of Co	•		
	P.O. Box 6327	Clifton Buildin	ng e Center Circle		
	Tallahassee, FL 32314	Tallahassee, F			

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2011

NANCY KULM EUROPEAN LEATHER GALLERY 11744 BEACH BLVD STE 106 JACKSONVILLE, FL 32246

SUBJECT: STRESSLESS GALLERY INC

Ref. Number: P10000031491

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 311A00013945

www.sunbiz.org

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 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: Stressless Gallery Inc.			
The principal office address: 11744 Beach Blvd., Suite 106 Jacksonville, FL 32246	······································		
3. The mailing address (if different):	<u> </u>		
4. Date of incorporation/qualification: 04-09-2010 Document number:	P10000	03149)1
5. The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned)	ith the		•
United States Corporation Agents, Inc.			
13302 Winding Oaks Blvd., Suite A			
Tampa, FL 33612	SEC	2011	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	RETARY AHASSE	JUN 29	声
Nancy L. Kulm	27.73 2.73 2.73	PH ::	
11744 Beach Blvd., Suite 106 P.O. Box NOT acceptable	TATE	1:01	O
Jacksonville, FL 32246	_		
The street address of its registered office and the street address of the business office of as changed will be identical.	its registe	ered age	ent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	n officer	so	
Nancy L. Kulm/Pr Signature of an officer or director Printed or typed name and	esident		_
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 co of my duties, and I am familiar with and accept the obligation of my position as registered occument is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	mplete pe ed agent. by confi	erforma Or, if rm that	ince this the
Signature of Registered Agent Date			
If signing on behalf of an entity:			
Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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