

P10000035300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

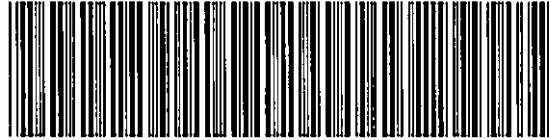
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Amplification, Inc.
Name of Corporation

DOCUMENT NUMBER: P10000035300

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:

Stephen F. Cabeza
Name of Contact Person

Amplification, Inc.
Firm/Company

5641 SW 58th Court
Address

Davie, FL. 33314
City/State and Zip Code

Steve@AmplificationInc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen F. Cabeza at (954) 817-9163
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2018

STEPHEN F. CABEZA
AMPLIFICATION, INC.
5641 SW 58TH COURT
DAVIE, FL 33314

SUBJECT: AMPLIFICATION, INC.
Ref. Number: P10000035300

We have received your document for AMPLIFICATION, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 818A00019362

RECEIVED
19 SEP 25 11:11 AM
SEOR FANY C. C. C.
FALLAHASCI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

STEPHEN F. CABEZA
AMPLIFICATION, INC.
5641 SW 58TH COURT
DAVIE, FL 33314

SUBJECT: AMPLIFICATION, INC.
Ref. Number: P10000035300

We have received your document for AMPLIFICATION, INC. and your check(s) totaling \$55.00. 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.

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 618A00017029

RECEIVED

19 SEP 17 AM 11:00

SECRETARY OF
FALLAHASSE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2018

STEPHEN F. CABEZA
AMPLIFICATION, INC.
5641 SW 58 COURT
DAVIE, FL 33314

SUBJECT: AMPLIFICATION, INC.
Ref. Number: P10000035300

We have received your document for AMPLIFICATION, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 618A00016424

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18 AUG 16 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Amplification, Inc.

2. The principal office address: 9420 Tangerine Place #104
Davie, FL 33314

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/23/2010 Document number: P10000035300

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)

Amplification, Inc.

9420 Tangerine Place #104

Davie, FL 33314

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

Stephen F. Cabeza

5641 SW 58th Court

P.O. Box NOT acceptable

Davie, FL 33314

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.

Marnie S. Hoppe
Signature of an officer or director

Marnie S. Hoppe
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.

Stephen F. Cabeza
Signature of Registered Agent

Stephen F. Cabeza
Date

If signing on behalf of an entity:

Stephen F. Cabeza
Typed or Printed Name

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

FILED
2018 SEP 25 PM 3:42
STATE OF FLORIDA
TALLAHASSEE