

P100000042588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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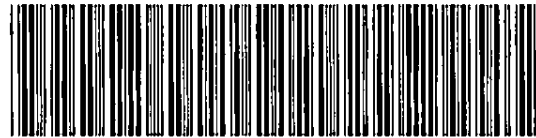
(Business Entity Name)

(Document Number)

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OCT 27 2017
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STOCKTON ALOE 1, INC
Name of Corporation

DOCUMENT NUMBER: P10000042588

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:

Michael Haley
Name of Contact Person

Stockton Aloe 1, Inc.
Firm/Company

500 S. Cypress Road # 4
Address

Pompano Beach, FL 33060
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Haley at (954) 444 5353
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Stockton Aloe 1, Inc.
2. The principal office address: 500 S. Cypress Road # 4
3. The mailing address (if different): 500 S. cypress Road # 4
4. Date of incorporation/qualification: 05 17 2010 Document number: P100000642588
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)

Haley, Amanda H
500 S. Cypress Road Suite # 4
Pompano Beach, FL 33060

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

Haley, Michael A.
500 S. cypress Road Suite # 4
P.O. Box NOT acceptable
Pompano Beach, FL 33060

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STATE OF FLORIDA

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.

Michael A. Haley
Signature of an officer or director

Michael A. Haley, President
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.

Michael A. Haley
Signature of Registered Agent

10 / 24 / 2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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