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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

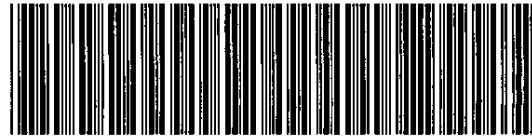
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
♦ Division of Corporations

**SUBJECT:** All States Office Supply  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA Fish-Holof  
(Name of Person)

All States Office Supply  
(Firm/Company)

1000 W McNAB Rd  
(Address)

Pensacola Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA Fish-Holof at ( 954 ) 788-0177  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2017

LINDA FISH HOLOF  
1000 W MCNAB RD  
POMPANO BEACH, FL 33069

SUBJECT: ALL STATES OFFICE SUPPLY, INC.  
Ref. Number: P10000062162

We have received your document for ALL STATES OFFICE SUPPLY, 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):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA 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.

Rebekah White  
Regulatory Specialist II

Letter Number: 917A00010148

*SIGN + DATE*  
*[Signature]*  
*6/1/17*

RECEIVED  
MAY 19 2017  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: All States Office Supply  
Name of Corporation

DOCUMENT NUMBER: P10000062162

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:

Linda Holof  
Name of Contact Person

All States Office Supply  
Firm/Company

1000 W McNAB Rd.  
Address

Pompano Beach, FL 33069  
City/State and Zip Code

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

For further information concerning this matter, please call:

Linda Holof at (954) 788-0177  
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

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.

- GREENSPOON MALLER, PA  
100 W Cypress Creek Rd Ste 700  
Ft Lauderdale, FL 33309

- MAYERSON LAW GROUP  
101 NE. 3<sup>RD</sup> AVENUE  
P.O. Box NOT acceptable  
FT LAUDERDALE, FL 33301

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.

X. L. H. H. C.  
Printed or typed name and title

Date \_\_\_\_\_

Typed or Printed Name

CR2E045 (03/12)