

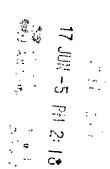
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e#)
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(Do	ocument Number)	
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JUN 06 2017

R. WHITE

COVER LETTER

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and

Please return all correspondence concerning this matter to the following:

TO:

Dear Sir or Madam:

INHS23 (08/05)

fee(s) are submitted for filing.

Registration Section
Division of Corporations

Linda Fish-Hol (Name of Person)	61	
All States Office & (Firm/Company)	Sully_	
1000 W MeNAB Ad (Address)		
Pandano Beach, FZ (City/State and Zip Code)	<u>3</u> 3069	
For further information concerning this matter, pl	ease call:	
Linda Fish-Holos at (93 (Name of Person) (Are	24) 788 - 017 7 a Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$35.00 Filing Fee	☐\$43.75 Filing Fee & Certified Copy	



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

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: All States Office SUPPLY Name of Corporation
DOCUMENT NUMBER: \$\frac{10000062162}{}
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:
Name of Contact Person
All STATES Office Swally Firm/Company
1000 W Me NAB RD. Address
Pom Draw Beach, IL 33069 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contac Person at (954) 788-017 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: All STALES OFFICE SWOLG
2. The principal office address: 1/00 5 towarding Rd Sk 101
Deer Sield Boach, FL 33442
3. The mailing address (if different): 1000 W MCNAB Rd Sk 700
Hombano Beach, FL 33069
4. Date of incorporation/qualification: 7/30/2010 Document number: P1000062162
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)
GREENSPOON MARDER PA
100 W Cupress Creek hd ste 700
Til Ada Ada #1 32309
++Wherente, 1 = 55501
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAYERSON LAW GROWD
101 NE 310 ALLONGO
P.O. Box NOT acceptable
_ +TLanderDale, +L 33301
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.
College Hall Signature of an office for drector Signature of an office for drector Printed or typed name and that
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.
LA 6/1/17
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 CR2E045 (03/12)

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