

P100000074260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

C.M.
8-19-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNISIGNS SUPPLIES INC

Name of Corporation

DOCUMENT NUMBER: P10000074260

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:

MERCEDES DEBORA-REYES

Name of Contact Person

SHALOM BUSINESS & ACCOUNTING

Firm/Company

3251 SW 67 AVENUE

Address

MIAMI, FL 33155

City/State and Zip Code

MERCY@SHALOMACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MERCEDES DEBORA-REYES at 305 519-7490

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

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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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNISIGNS SUPPLIES INC
2. The principal office address: 5526 NW 79 AVE MIAMI, FL 33166
3. The mailing address (if different): 5526 NW 79 AVE MIAMI, FL 33166
4. Date of incorporation/qualification: 09/09/2010 Document number: P10000074260
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)

RESIGNED

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

Barquero, Karla ,

5526 NW 79 AVE MIAMI

P.O. Box NOT acceptable

FL 33166

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.

Signature of an officer or director

ALICIA Z. CHOCK

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.

Signature of Registered Agent

08/07/2014

Date _____

If signing on behalf of an entity:

Typed or Printed Name

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)