

Room 92949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

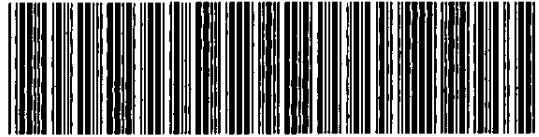
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900180710519

11/14/11--01001--019 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 14 AM 11:45

FILED

2 Achy  
DRB  
11/15

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CIGGYS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P0000092949

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:

SHERMAN D. LENSKE, Esq.  
Name of Contact Person

LENKE, LENKE & ABRAMSON  
Firm/Company

6400 Canoga Avenue, Suite 315  
Address

Woodland Hills, CA 91367  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sherman D. Lenske, Esq. at ( 818 ) 716-1444  
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

October 27, 2011

CIGGYS FOR LESS  
6933 SW 179TH AVENUE RD.  
DUNNELLON, FL 34432

SUBJECT: CIGGY'S, INC.  
Ref. Number: P10000092949

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 611A00024586

RECEIVED  
11 NOV 10 AM 10:15  
DIVISION OF CORPORATIONS  
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: CIGGYS, INC.

2. The principal office address: 17985 S.W. 64th Place, Dunnellon, Florida 34432

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/9/10 Document number: P0000092949

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)

JEFFREY C. FINKE

17985 S.W. 64th Place

Dunnellon, Florida 34432

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

RONALD CLAPPER

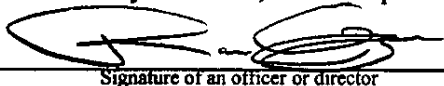
6821 Danah Court

P.O. Box NOT acceptable

Fort Myers, Florida 33908

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

RONALD CLAPPER, Vice 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.*



Signature of Registered Agent

RONALD CLAPPER

If signing on behalf of an entity:

9/29/11

Date

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED  
11 NOV 14 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA