

P11000022099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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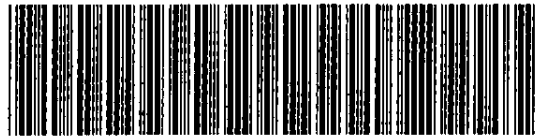
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smart Choice Protection Products, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000022099

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:

Valerie J. Catalano
Name of Contact Person

Smart Choice Protection Products, Inc.
Firm/Company

9430 Seminole Blvd.
Address

Seminole, FL 33772
City/State and Zip Code

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

For further information concerning this matter, please call:

Valerie J. Catalano at (727) 398-1001
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

May 17, 2011

VALERIE J. CATALANO
SMART CHOICE PROTECTION PRODUCTS, INC.
9430 SEMINOLE BLVD.
SEMINOLE, FL 33772

SUBJECT: SMART CHOICE PROTECTION PRODUCTS, INC.
Ref. Number: P11000022099

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00012125

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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: Smart Choice Protection Products, Inc.

2. The principal office address: 9430 Seminole Blvd.
Seminole, FL 33772

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/03/2011 Document number: P11000022099

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)

Vincent J. Catalano (Resigned)

9430 Seminole Blvd.

Seminole, FL 33772

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

Valerie J. Catalano

9430 Seminole Blvd.

P.O. Box NOT acceptable

Seminole, FL 33772

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TALLAHASSEE 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.

Valerie J. Catalano
Signature of an officer or director

Valerie J. Catalano, Treasurer
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.

Valerie J. Catalano
Signature of Registered Agent

5/11/2011
Date

If signing on behalf of an entity:

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