

P11000100480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

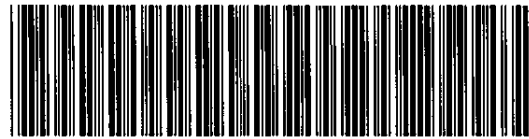
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For Clerk

OCT 18 2012

C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Abrams Custom Cabinets Inc
Name of Corporation

DOCUMENT NUMBER: P11000100480

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:

Joel M. ABRAMS
Name of Contact Person

Abrams Custom Cabinets Inc
Firm/Company

3318 Bennett Acres Place
Address

Dover Fla 33527
City/State and Zip Code

ABRAMSCUSTOMCABINETSINC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel M. ABRAMS at (813) 767-2338
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

**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: Abrams Custom Cabinets Inc.
2. The principal office address: 3318 Bennett Acres Place
Dover Fla 33527
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 11/23/2011 Document number: 011000100480

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)

The Company Corporation
2711 Centerville Rd #400
Wilmington, DE 19808

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

Joel M. Abrams
3318 Bennett Acres Place
Dover Fla 33527

P.O. Box NOT acceptable

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.

Joel M. Abrams
Signature of an officer or director

Joel M. ABRAMS
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.

By: Joel M. Abrams
Signature of Registered Agent

10/11/2012
Date

If signing on behalf of an entity:

Abrams Custom Cabinets Inc.
Typed or Printed Name

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