

P12000016565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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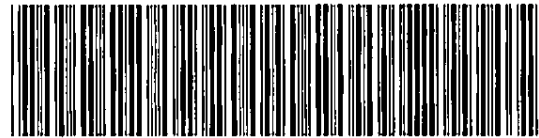
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Play Talent Agency, INC.
Name of Corporation

DOCUMENT NUMBER: P12000016565

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:

Michael Abt
Name of Contact Person
Play Talent Agency INC.
Firm/Company
817 Brookhaven Springs Ct. NE
Address
Atlanta GA 30342
City/State and Zip Code
mahtinc@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Abt at (404) 808 2505
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Play Talent Agency, Inc.
2. The principal office address: C/O Couture, Craig, CPA
3. The mailing address (if different): 950 N. Collier Blvd. #208
Marco Island, FL 34145
4. Date of incorporation/qualification: 2/12/2012 Document number: P12000016565
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)
Dubrow Duker & Associates, P.A.
5401 N. University Dr.
Suite 204 Coral Springs, FL 33067
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Couture, Craig, CPA
950 N. Collier Blvd. #208
Marco Island, FL 34145

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.

Michael Abt
Signature of an officer or director

Michael Abt Director
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]
Signature of Registered Agent

12/11/18
Date

If signing on behalf of an entity:

Craig Couture CPA
Typed or Printed Name

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