

P 12 0000 16694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

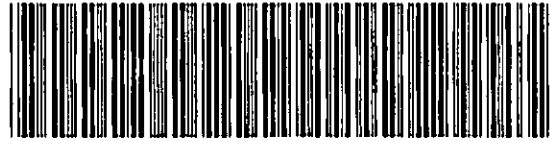
(Business Entity Name)

(Document Number)

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C. GOLDEN

JAN 10 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Judy Morelli Inc
Name of Corporation

DOCUMENT NUMBER: P12000016694

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:

Judy Morelli
Name of Contact Person

Judy Morelli Inc
Firm/Company

22596 Blue Fire Trail
Address

Boca Raton, Florida 33428
City/State and Zip Code

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

For further information concerning this matter, please call:

Judy Morelli at (614) 363-8633
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

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: Judy Morelli, Inc.
2. The principal office address: 22596 Blue Fin Trail
Boca Raton, Florida 33428
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/17/2012 Document number: P12000016694

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)

Judy Morelli
22596 Blue Fin Trail
Boca Raton, Florida 33428

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

Marty Morelli
22596 Blue Fin Trail
Boca Raton, Florida 33428

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.

Judy Morelli
Signature of an officer or director

Judy Morelli 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]
Signature of Registered Agent

November 4, 2016
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