

P120000020958

(Requestor's Name)

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TALLAHASSEE, FLORIDA

DR  
4/24/14

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Csonka Telecoms, Inc.  
Name of Corporation

DOCUMENT NUMBER: P12000020958

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:

David Glowe  
Name of Contact Person  
Glowe Tax Prep, LLC  
Firm/Company  
8596 Wellington Expressway  
Address  
Jax, FL 32211-8003  
City/State and Zip Code  
glowe taxp rep@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Glowe CPA  
Name of Contact Person  
at 904, 885-6504  
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: Csonka Telecoms, Inc  
2. The principal office address: 511 Oleander  
Neptune Bch FL 32266  
3. The mailing address (if different): 29 Eastbrook Ct  
Clayton, CA 94517  
4. Date of incorporation/qualification: 2/29/02 Document number: P12000020958  
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)

Doug Csonka  
511 Oleander  
Neptune Bch FL 32266

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

Clowe Tax Prep LLC  
8596 Arlington Expressway  
Box FL 32211-8003  
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.

Douglas A Csonka  
Signature of an officer or director

Douglas S Csonka  
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.*

Daniel C. Clowe, CPA  
Signature of Registered Agent

04/15/14  
Date

If signing on behalf of an entity:

Clowe Tax Prep LLC  
Typed or Printed Name

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