

P12000044765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

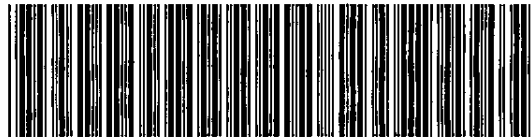
(Business Entity Name)

(Document Number)

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I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moisture Rid, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P12000044765

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:

Angelica Sigler  
Name of Contact Person

Firm/Company

6627 NW 174 Lane  
Address

Hialeah, Fl. 33015  
City/State and Zip Code

angiesigler21@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelica Sigler at ( 305 ) 332-2793  
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

March 9, 2016

ANGELICA SIGLER  
6627 NW 174 LANE  
HIALEAH, FL 33015

SUBJECT: MOISTURE RID, INC.  
Ref. Number: P12000044765

We have received your document for MOISTURE RID, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new agent information in part 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 616A00004850

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16 MAR 18 PM 10:57

**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: Moisture Rid, Inc.
- 2. The principal office address: 6627 NW 174 Lane  
Hialeah, Fl. 33015
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 05/14/2012 Document number: P12000044765

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) ANGELICA M. SIGLER  
6627 NW 174 Lane 18520 NW 67 AVE #20  
Hialeah, Fl. 33015 Miami, Fl. 33015

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

6627 NW 174 Lane  
Hialeah, Fl. 33015  
P.O. Box NOT acceptable

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STATE DEPARTMENT OF REVENUE

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.

[Signature] \_\_\_\_\_ Angelica Sigler, Pres. \_\_\_\_\_  
Signature of an officer or 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] \_\_\_\_\_ 3/2/16 \_\_\_\_\_  
Signature of Registered Agent Date

If signing on behalf of an entity:  
Angelica Sigler  
Typed or Printed Name

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