

P12000099704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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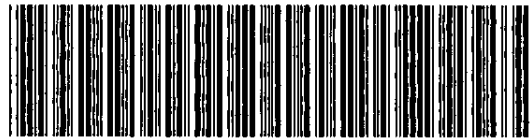
(Business Entity Name)

(Document Number)

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EASTERN DISTRICT

RAAM 2/26/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL IN CAFE CORP  
Name of Corporation

**DOCUMENT NUMBER:** 46-1555019

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:

CYNTHIA PHILLIPS  
Name of Contact Person

ALL IN CAFE CORP  
Firm/Company

234 DOUGLAS AVE  
Address

DUNE DIN FL 34698  
City/State and Zip Code

CINDY PHILLIPS 007 @6MAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA PHILLIPS at (727) 409-6134  
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

February 7, 2013

CYNTHIA PHILLIPS  
234 DOUGLAS AVE  
DUNEDIN, FL 34698

SUBJECT: ALL IN CAFE CORP.  
Ref. Number: P12000099704

We have received your document for ALL IN CAFE CORP. 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.

The entity's date of incorporation/organization must be listed in the document.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 013A00003013

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ALL IN CAFE CORP  
2. The principal office address: 234 DOUGLAS AVE  
DUNEDIN FL 34698  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12-14-2012 Document number: 46-1555019  
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)

GERTRUDE PHILLIPS  
2277 CITRUS CT  
CLEARWATER FL 34623

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

WANDA DE BOER  
2104 WINGSWAY  
P.O. Box NOT acceptable  
CLEARWATER FL 33759

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]  
Signature of an officer or director

CYNTHIA PHILLIPS PRES  
Printed or typed name and title

**X** 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

1/29/13  
Date

If signing on behalf of an entity:

CYNTHIA PHILLIPS  
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