

P13000000667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

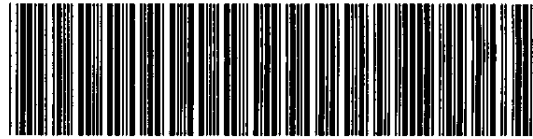
(Business Entity Name)

(Document Number)

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R/A Chg

FEB -5 2014

R. WHITE

FILED
14 JAN 31 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1363 ENTERPRISES, INC
Name of Corporation

DOCUMENT NUMBER: P1300 0000667

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:

CAROL WEIGHTMAN
Name of Contact Person

1363 ENTERPRISES, INC
Firm/Company

1363 WAYNE AVE
Address

NEW SMYRNA BEACH, FL 32168
City/State and Zip Code

CWEIGHTMAN@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL WEIGHTMAN at (386) 426-8327
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

**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: 1363 ENTERPRISES, INC
2. The principal office address: 1363 WAYNE AVE
NEW SMYRNA BEACH, FL 32168
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-3-2013 Document number: P13000000667
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)

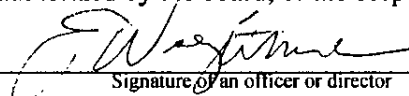
THOMAS E. HOMAN
116 CANAL ST, STE D
NEW SMYRNA BEACH, FL 32168

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

CAROL WEIGHTMAN
1363 WAYNE AVE
P.O. Box NOT acceptable
NEW SMYRNA BEACH, FL 32168

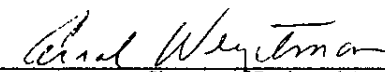
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

1-20-14
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 of Registered Agent

January 23 2014
Date

If signing on behalf of an entity:

Carol Weightman
Typed or Printed Name

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