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(Re	questor's Name)	······································
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PICK-UP	☐ WAIT	MAIL
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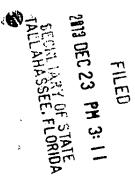
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COVER LETTER

Division of Corporations		
SUBJECT: ACCENST INC Name of Corporation		
DOCUMENT NUMBER: \$13000003870		
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:		
OSEPH MARRONE Name of Contact Person		
ACCEND INC Firm/Company		
11073 PACIFICA ST. Address		
WELLINGTON FL 33449 City/State and Zip Code		
PINOMARIZONE 120 GMAIL 10 M E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (561) 512 7086 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 ofFLin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ACCENDI, TUC.
2. The principal office address: 11073 PACIFICA ST
WELLING PON FLORIDA 33449
3. The mailing address (if different):
4. Date of incorporation/qualification: JAN. 11, 2013 Document number: \$\int 130000038\$
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)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):
Joseph Marrone FT 2 T
110)3 Pacifica ST P.O. Box NOT acceptable
Wellington FL 33449 FIST 3
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, of the corporation has been notified in writing of the change.
Signature of an aprice of 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 of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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