

P13000018828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

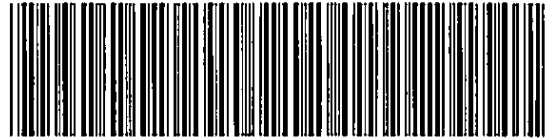
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INTERBOND ENTERPRISES  
Name of Corporation

**DOCUMENT NUMBER:** P130000'8828

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:

ROBERT F. TACHER

Name of Contact Person

PETERSON BERNARD

Firm/Company

707 S.E. 3RD AVENUE

Address

FT. LAUDERDALE, FLORIDA 33316

City/State and Zip Code

robert.tacher@petersonbernard.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT F. TACHER

Name of Contact Person

at (954)

763-3200, EXT. 1170

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

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**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: INTERBOND ENTERPRISES, INC
2. The principal office address: 8958 STATE ROAD 84  
DAVIE, FLORIDA 33324
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/26/2013 Document number: P13000018828
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)  
BERNARD A. SINGER  
16389 CABERNET DRIVE  
DELRAY BEACH, FLORIDA 33446
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
ROBERT F. TACHER  
707 S.E. 3RD AVENUE  
P.O. Box NOT acceptable  
FT. LAUDERDALE, FLORIDA 33316

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 officer or director

MICHAEL PERLMAN

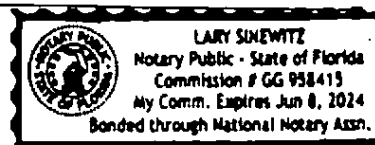
\_\_\_\_\_  
Printed or typed name and title

*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

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2023

ROBERT TACHER  
707 S.E. 3RD AVENUE  
SUITE 500  
FORT LAUDERDALE, FL 33316

SUBJECT: INTERBOND ENTERPRISES, INC.  
Ref. Number: P13000018828

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a CORPORATION, PLEASE SEND PAYMENT OF \$35 WITH CORRECT FORM.. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

LIMITED LIABILITY COMPANYCORPORATION, PLEASE SEND PAYMENT OF \$35 WITH CORRECT 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) 245-6353.

Alecia Rivers  
Regulatory Specialist III

Letter Number: 723A00026385