

PB000023230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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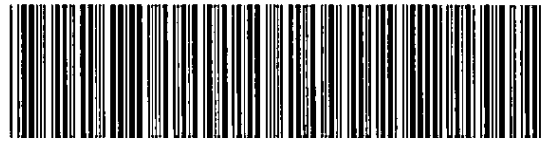
(Business Entity Name)

(Document Number)

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2019 MAY 30 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 11 2019

C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FORT PALMS INC

Name of Corporation

DOCUMENT NUMBER: P13000023230

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:

DMITRY TROITSKIY

Name of Contact Person

FORT PALMS INC

Firm/Company

2200 S.Ocean Ln, #607

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

7741120@gmail.com

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

For further information concerning this matter, please call:

Dmitry Troitskiy

Name of Contact Person

at (954) 9030807

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: Fort Palms Inc
2. The principal office address: 2200 S.Ocean Ln, #607, Fort Lauderdale, FL 33316
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/12/2013 Document number: P13000023230

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)

TROITSKIY, DMITRY

2110 NORTH OCEAN BLVD.22A

FT. LAUDERDALE, FL 33305

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

TROITSKIY, DMITRY

2200 S. OCEAN LN, #607

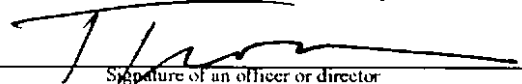
P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33316

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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

TROITSKIY, DMITRY DP

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

05/24/19

Date

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