P1300031894

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change of Registered Office/Agent

Name of Corporation

DOCUMENT NUMBER: P13000036394

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:

DENNIS KATUMALLA

Name of Contact Person

CANDSILLON CORP

Firm/Company

16044 BELLA WOODS DR

Address

TAMPA FL 33647

City/State and Zip Code

denniskatumalla@yahoo.com

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

For further information concerning this matter, please call:

DENNIS KATUMALLA

_.813 \991

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**

September 8, 2014

DENNIS KATUMALLA 2ND MAILING CANDSILLON CORP 16044 BELLA WOODS DR TAMPA, FL 33647

SUBJECT: CANDSILLON CORP. Ref. Number: P13000036394

We have received your document for CANDSILLON 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.

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.

Irene Albritton

:Regulatory Specialist II

Letter Number: 914A00017695



August 18, 2014

DENNIS KATUMALLA CANDSILLON CORP 26044 BELLA WOODS DR TAMPA, FL 33647

SUBJECT: CANDSILLON CORP. Ref. Number: P13000036394

We have received your document for CANDSILLON 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.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 914A00017695

Irene Albritton Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation (7,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.
1. The name of t	the corporation: CANDSILLON	I CORP
2. The principal	office address: 16044 BELLA	WOODS DR TAMPA FL 33647
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 5/1/2014	Document number: P13000036394
	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	AMERICAN SAFETY CO	DUNCIL, INC.
	5125 ADANSON ST SU	ITE 500
	ORLANDO FL 32804 US	<u> </u>
6. The name and (if changed):	d street address of the new registered	bred agent and registered office on the with the esigned) DUNCIL, INC. ITE 500 A agent (if changed) and /or registered office
	DENNIS KATUMALLA	
	16044 BELLA WOODS	
	TAMPA FL 33647	NOT acceptable
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.
Mus	Muhelly	DENNIS KATUMALLA, PRESIDENT & CEO
ν	de of an officer or director	Printed or typed name and title
I further agree i performance of agent. Or. if th	"mv duties, and I am familiar with o	l statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I
hem	Mahille	9/21/2014
Sy	Hatyre of Registered Agent	Date
If signing on be	chalf of an entity:	
DENNIS K	ATUMALLA	
Т	yped or Printed Name	

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