

P13000038411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

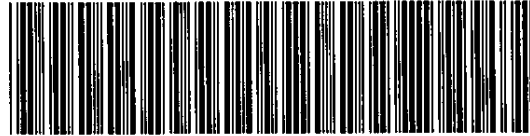
(Business Entity Name)

(Document Number)

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2016 JUL 18 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/27/16

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Steven Angrignon Inc.  
Name of Corporation

DOCUMENT NUMBER: P13000038411

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:

Steven Angrignon  
Name of Contact Person

Steven Angrignon Inc  
Firm/Company

4439 Harts Cove Way  
Address

Clermont FL 34711  
City/State and Zip Code

Stevenangrignon@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Angrignon at (407) 883-6918  
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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Steven Angrignon Inc.  
2. The principal office address: 4439 Harts Cove Way, Clermont FL 34711  
3. The mailing address (if different): PO Box 120053, Clermont FL 34712

4. Date of incorporation/qualification: 4/29/13 Document number: P13000038411

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)

Steven Angrignon  
120 Colonial Pines Lane  
Minneola FL 34715

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

Steven Angrignon  
4439 Harts Cove Way  
Clermont FL 34711

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Steven Angrignon / owner  
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]  
Signature of Registered Agent

7/13/12

Date

If signing on behalf of an entity:

Steven Angrignon Inc  
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