## P1300050120

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:





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RARDOMS 1012

## COVER-LETTER

Division of Corporations			
SUBJECT: Name of Corporation			
·			
DOCUMENT NUMBER: \$\(\rho\) 13000050120			
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:			
Marilyn Hammond Name of Contact Person			
<u>Cite-Shap Inc</u>			
7133 W County Club Dr. N#150			
Address			
Sarasota FZ 34243			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Marilyn Hammond at 94 343-2373  Name of Contact Person Area Code & Daytime Telephone Number			
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  Street Address:  Amendment Section			

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: Amendment Section



December 5, 2013

MARILYN HAMMOND CITE-SHOP INC 7133 W. COUNTRY CLUB DR. N #150 SARASOTA, FL 34243

SUBJECT: CITE-SHOP INC. Ref. Number: P13000050120

We have received your document for CITE-SHOP INC. 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.

Revise made + returned 12/17/13

Irene Albritton Regulatory Specialist II

Letter Number: 913A00027773

www.sunbiz.org

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

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: Cite-Shop Inc
2. The principal office address: 7133 W Country Club Dr. #150
Sarasota, Fi 34243
3. The mailing address (if different):
4. Date of incorporation/qualification: U/7/13 Document number: P13000501=
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)
BUSINESS FILINGS Incorporated
BUSINESS FILINGS Incorporated  515 E PARK AUBILE
TALLAHASSEE FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Marilyn Hammond
7133 W Country Club Dr N#158 FO. Box NOT acceptable
5 arasota Fz 34242
The street address of its registered office and the street address of the business office of its registered a 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.
Marily Hammond Manual Hammond - Pros
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.
Marile Hannord 11/24/2013 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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