

P13000056101

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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MAIL

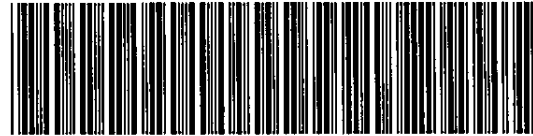
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATE  
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R0/chg  
@ 2/26/14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Clearview Cabinetry Services Inc.  
Name of Corporation

P13000056101  
**DOCUMENT NUMBER:**

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:

Roy Krobatsch  
Name of Contact Person  
Clearview Cabinetry Services Inc.  
Firm/Company  
301 SW 15th Street  
Address  
Boca Raton Fl. 33432  
City/State and Zip Code  
rjknbc04@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roy Krobatsch 561 260-1983  
Name of Contact Person at ( ) 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

February 7, 2014

ROY KROBATSCH  
CLEARVIEW CABINETRY SERVICES INC  
301 SW 15TH STREET  
BOCA RATON, FL 33432

SUBJECT: CLEARVIEW CABINETRY SERVICES INC  
Ref. Number: P13000056101

We have received your document for CLEARVIEW CABINETRY SERVICES 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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 414A00002876

RECEIVED  
14 FEB 26 AM 11:04  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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: Clearview Cabinetry Services Inc.
2. The principal office address: 301 SW 15th Street Boca Raton, Fl. 33432
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: July 1 2013 Document number: P13000056101

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)

Roy Krobatsch

22068 Greenwich Court West

Boca Raton Fl. 33428

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

Roy Krobatsch

301 SW 15th Street

P.O. Box NOT acceptable

Boca Raton Fl. 33432

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.

Jasmine del Castillo  
Signature of an officer or director

JASMINE DEL CASTILLO  
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.

Roy Krobatsch  
Signature of Registered Agent

2-24-14  
Date

If signing on behalf of an entity:

ROY KROBATSCH  
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

CR20045 (02/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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