

P13 0000 696 25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

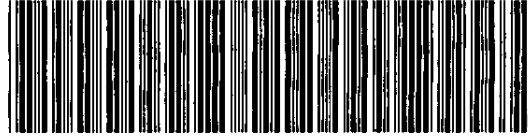
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900277346329

09/25/15--01019--020 \*\*35.00

2015 SEP 25 AM 9:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 30 2015  
C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atibonite Enterprises Inc

Name of Corporation

**DOCUMENT NUMBER:** P13000069625

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:

Marie C Belfranc

Name of Contact Person

Artibonite Enterprises, Inc

Firm/Company

703 12th Ave S

Address

Lake Worth FL 33460

City/State and Zip Code

mueller1496@yahoo.com

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

For further information concerning this matter, please call:

Marie C Belfranc

Name of Contact Person

at ( 561 ) 945-2405

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: Artibonite Enterprises, Inc
2. The principal office address: 703 12th Ave. S  
Lake Worth, FL 33460
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/21/2013 Document number: P13000069625
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)

Alex Beherman

1089 Benoist Farms Rd Unit 106

West Palm Beach, FL 33411

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

Marie Claude Belfranc

5205 Cedar Lake Rd Apt 224

P.O. Box NOT acceptable

Boynton Beach, FL 33437

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.

Marie Claude Belfranc  
Signature of an officer or director

Marie Claude Belfranc  
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.*

Marie Claude Belfranc  
Signature of Registered Agent

9-23-2014  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
2015 SEP 25 AM 9:09  
CLERK OF STATE  
TALLAHASSEE, FLORIDA