

PI3000078353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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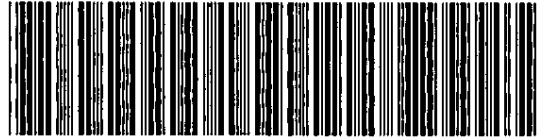
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
Dec 18 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

JOY ROBUS / CABINET WAREHOUSE PLUS, INC.
16607 US 19
HUDSON, FL 34667 US

SUBJECT: CABINET WAREHOUSE PLUS INC
Ref. Number: P13000078353

We have received your document for CABINET WAREHOUSE PLUS 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 need the complete name of the registered agent and the registered agents signature. The name of the company is not a signature.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 013A00026831

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cabinet Warehouse Plus, Inc.
Name of Corporation

DOCUMENT NUMBER: P13000078353

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:

Jay Robur
Name of Contact Person

Cabinet Warehouse Plus, Inc.
Firm/Company

16607 US 19
Address

Hudson, FL 34667
City/State and Zip Code

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

For further information concerning this matter, please call:

Jay Robur at (727) 862-1300
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

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: Cabinet Warehouse Plus, Inc.
2. The principal office address: 16607 US 19
Hudson, FL 34669
3. The mailing address (if different): -
4. Date of incorporation/qualification: 10/1/13 Document number: 913000078353

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)

Joe Braccio
15330 Dennis Dr.
Hudson, FL 34669

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

Joy Robus
16607 US 19
P.O. Box NOT acceptable
Hudson, FL 34669

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

Joe Braccio
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.

Joy C. Robus
Signature of Registered Agent

12/13/13
Date

If signing on behalf of an entity:

Joy C. Robus
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

CR2E045 (03/12)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Person's
Name