

P13 000089165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

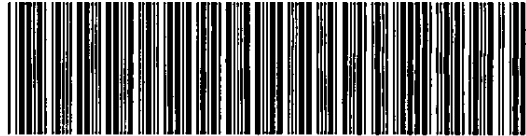
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279563358

12/22/15--01010--009 **35.00

FILED

2015 DEC 22 PM 4:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

DEC 23 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL BEAD CHARMS, INC.
Name of Corporation

DOCUMENT NUMBER: P13000089165

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:

WILSON, JAMES

Name of Contact Person

ALL BEAD CHARMS, INC.

Firm/Company

6847 N 9TH AVENUE SUITE A313

Address

PENSACOLA, FL 32504

City/State and Zip Code

jdavidwilson65@gmail.com

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

For further information concerning this matter, please call:

James Wilson

Name of Contact Person

at (813) 244-1365

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: ALL BEAD CHARMS, INC.
2. The principal office address: 6847 N 9TH AVENUE SUITE A313
PENSACOLA, FL 32504
3. The mailing address (if different): PO BOX 10340 Pensacola, FL 32524
4. Date of incorporation/qualification: 10/30/2013 Document number: P13000089165
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)

WILSON, JAMES D

3212 W Tacon St.

Tampa, FL 33629

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

WILSON, JAMES D

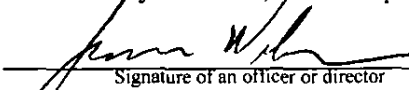
6847 N 9TH AVENUE SUITE A313

P.O. Box NOT acceptable

PENSACOLA, FL 32504

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 of an officer or director

James Wilson

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 of Registered Agent

12/17/2015

Date

If signing on behalf of an entity:

James Wilson

Typed or Printed Name

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

FILED
2015 DEC 22 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA