

P14000006374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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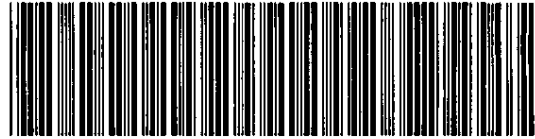
(Business Entity Name)

(Document Number)

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C. LEWIS
JUL 14 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Daughters Reporting, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000006374

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:

Samantha Todd

Name of Contact Person

Daughters Reporting, Inc.

Firm/Company

279 Lakeview Drive

Address

Coral Springs, FL 33071

City/State and Zip Code

daughtersreporting@gmail.com

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

For further information concerning this matter, please call:

Samantha Todd

Name of Contact Person

at (954) 755-6401

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: Daughters Reporting, Inc.
2. The principal office address: 279 Lakeview Drive, Coral Springs, Florida 33071.
3. The mailing address (if different): _____

4. Date of incorporation/qualification: January 24, 2014 Document number: P14000006374

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)

11555 Heron Bay Boulevard

Suite 200

Coral Springs, Florida 33076

Timothy Horsting

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

279 Lakeview Drive

Coral Springs, Florida 33071

P.O. Box NOT acceptable

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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.

Samantha Todd
Signature of an officer or director

Samantha Todd

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.

Samantha Todd
Signature of Registered Agent

June 24, 2014

Date

If signing on behalf of an entity:

Samantha Todd

Typed or Printed Name

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