

P14000012369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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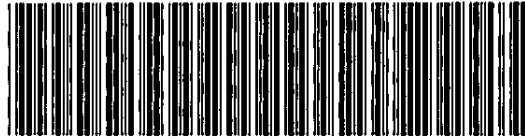
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 04 2016

T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGNOLIA MILLWORK INTERNATIONAL, INC  
Name of Corporation

**DOCUMENT NUMBER:** P14000012369

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:

DAVID CHAUVIN

Name of Contact Person

MAGNOLIA MILLWORK INTERNATIONAL, INC.

Firm/Company

920 BRITT CT., ST 250

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

david@millworkinternational.net

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

For further information concerning this matter, please call:

DAVID CHAUVIN

407 920-0620

at ( )

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

**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: MAGNOLIA MILLWORK INTERNATIONAL, INC.
2. The principal office address: 920 BRITT CT., ST 250  
ALTAMONTE SPRINGS, FL 32701
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/17/14 Document number: P14000012369

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)

CHARLES PALMER

920 BRITT CT., ST 250

ALTAMONTE SPRINGS, FL 32701

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

P.O. Box NOT acceptable

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

CHARLES PALMER / S/T  
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]  
Signature of Registered Agent

1.27.14  
Date

If signing on behalf of an entity:

DAVID CHAUVIN  
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