## P14000033048

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| PICK-UP                 | WAIT                                    | MAIL       |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: The Writing Shop, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000033048

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:

Stacy Acker

Name of Contact Person

The Writing Shop, Inc.

Firm/Company

2600 N. Military Trail, Suite 410

Address

Boca Raton, FL 33431

City/State and Zip Code

Stacyack@comcast.net

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

For further information concerning this matter, please call:

Stacy Acker

.,561

654-1903

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

| statement of ch  | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Fl}{Fl}$ are to change its registered office or registered agent, or both, in the State of Flance   | lorida                             |              |
|--|---|------------------------------------|--------------|
|  | the corporation: The Writing Shop, Inc.  office address: 2600 N. Military Trail, Suite 410, Boca Raton,   | FL 334                             | 31           |
| 3. The mailing   | address (if different):   |                                    |              |
| 4. Date of incor   | poration/qualification: April, 2014 Document number: P14000   | 033048                             |              |
|  | d street address of the current registered agent and registered office on file with<br>rtment of State: (If resigned, enter resigned)   | h the                              |              |
|  | Michael Acker, Esq.   |                                    |              |
|  | 2600 N. Military Trail, Suite 206   |                                    |              |
|  | Boca Raton, FL 33431  | 16                                 |              |
| 6. The name an (if changed):   | d street address of the new registered agent (if changed) and /or registered office   | <u></u>                            |              |
|  | Michael Acker, Esq.   | 3                                  | A SEC        |
|  | 2600 N. Military Trail, Suite 410   | 9: 5C                              | 7. <u>25</u> |
|  | P.O. Box NOT acceptable  Boca Raton, FL 33431   | •                                  |              |
| The street addr  | ess of its registered office and the street address of the business office of its be identical.   | registered :                       | agent,       |
| _  | as authorized by resolution duly adopted by its board of directors or by an of the board of the corporation has been notified in writing of the change.   |                                    |              |
| Signat   | Stacy Acker, President Printed or typed name and title  |                                    |              |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comply duties, and I am familiar with and accept the obligation of my position a is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.  The matured Registered Agent | lete<br>1s registere<br>address, I | ed           |
| If signing on be   | chalf of an entity:   |                                    |              |
| Т  | yped or Printed Name  |                                    |              |

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