

P14000033072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
STATE OF ALA

C. Lewis  
9-24-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Antepley Inc

Name of Corporation

**DOCUMENT NUMBER:** P14000033072

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:

Emel Navarro

Name of Contact Person

Antepley Inc

Firm/Company

400 N. Ashley Dr. St 2600

Address

Tampa FL 33602

City/State and Zip Code

emelersan68@hotmail.com

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

For further information concerning this matter, please call:

Emel Navarro

Name of Contact Person

at ( 813 ) 712-8769

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: Antepley Inc
2. The principal office address: 400 N. Ashley Dr . St 2600, Tampa FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 11, 2014 Document number: P14000033072
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)

Incorp Services Inc

17888 67th Court North

Loxahatchee, FL 33470

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

Emel Navarro


400 N. Ashley Dr St 2600

P.O. Box NOT acceptable

Tampa, FL 33602

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

Deryanur ELBEYLI

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

09/13/2014

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

FILED  
DIVISION OF STATE  
CORPORATIONS  
14 SEP 17 AM 10:00