

P 14000076358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

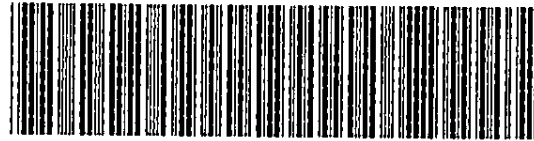
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SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JAN -7 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Cygnus Apparitions, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000076358

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:

Robert Ross

Name of Contact Person

Cygnus Apparitions, Inc.

Firm/Company

17116 Wildwood Road

Address

Jupiter, FL 33478

City/State and Zip Code

bross@cygnusapp.com

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

For further information concerning this matter, please call:

Robert Ross

Name of Contact Person

at ( 678 ) 9102759

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 14, 2018

ROBERT ROSS  
17116 WILDWOOD ROAD  
JUPITER, FL 33478

SUBJECT: CYGNUS APPARITIONS, INC.  
Ref. Number: P14000076358

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 518A00025741

RECEIVED

2019 JAN -2 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Cygnus Apparitions, Inc.
2. The principal office address: 17116 Wildwood Road, Jupiter, FL 33478
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 9/10/2014 Document number: P14000076358
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)

Teresa Ross

17116 Wildwood Road

Jupiter, FL 33478

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

Robert W. Ross

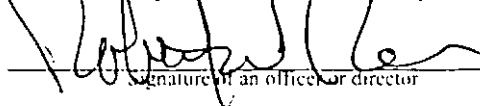
17116 Wildwood Road

P.O. Box NOT acceptable

Jupiter, FL 33478

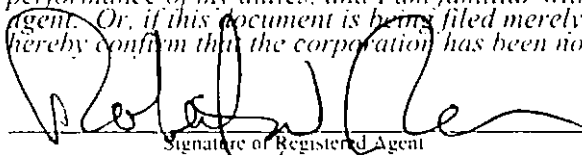
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Robert W. Ross PRESIDENT  
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

12/4/2018

Date

If signing on behalf of an entity:

Robert W. Ross

Typed or Printed Name

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

FILED  
2019 JAN -2 PM 1:01  
TALLAHASSEE, FL