## P14000078368

| (Daniel de Manie)                       |
|---|
| (Requestor's Name)                      |
| ·                                       |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Eddiness Linky Haine)                  |
| (Danner Murrhan)                        |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Vulpine Enterprises, Inc.

Name of Corporation

DOCUMENT NUMBER, P14000078368

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:

| Timothy Fox                         |
|-------------------------------------|
| Name of Contact Person              |
| Vulpine Enlaprises INC. Arm/Company |
| 13506 Summerport Village Pkwy #814  |
| Address                             |
| Windermere, FL 34786                |
| City/State and Zip Code             |

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

For further information concerning this matter, please call:

Timothy Fox

Name of Contact Person

at (

,315 \567-9382

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

CR2E045 (03/12)

## 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: Vulpine Enterprises, Inc.  |                         |
| <sup>22.</sup> The principal office address: 13506 Summerport Village Pkwy #814 Windermere, FL 34786   |                         |
| 3. The mailing address (if different):   |                         |
| 4. Date of incorporation/qualification: 9/22/14 Document number: P14000078368  |                         |
| 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)   |                         |
| Registered Agents, Inc.  |                         |
| 3030 N. Rocky Point Dr. Ste. 150A  |                         |
| Tampa, FL 33607  | SIAIC.                  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  | INTERIOR OF COMMENTS IN |
| Richard A. Perry   | 7                       |
| 820 E. Fort King St.   | =                       |
| P.O. Box NOT acceptable Ocala, FL 34471  |                         |
| The street address of its registered office and the street address of the business office of its registered again  |                         |
| 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.  |                         |
| Timothy Fox, Dir.  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. |                         |
| 10-5-2016  |                         |
| Signature of Registered Agent  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)