

P15000020892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

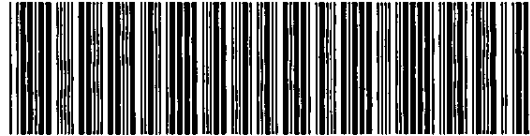
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300273314843

05/28/15--01017--002 **35.00

15 MAY 28 PM 3:36
SECTION OF PUBLIC
DIVISION OF PUBLIC

JUN 4 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **S.A.S. WHOLESALE INC**
Name of Corporation

DOCUMENT NUMBER: **P15000020892**

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:

Cathy Huett

Name of Contact Person

ACL Accounting Services, Inc

Firm/Company

7383 Monterey Blvd

Address

Tampa, FL 33625

City/State and Zip Code

catherine.huett@gmail.com

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

For further information concerning this matter, please call:

Cathy Huett

Name of Contact Person

at (**813**) **735-1110**

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