

PIS 0000 29368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

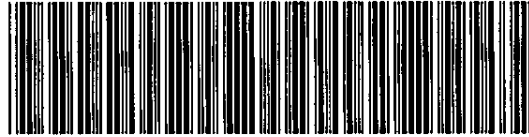
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2014
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2015

DIANE EVANS
SFPM 2015 MANAGEMENT, INC.
3285 LAKE WORTH ROAD STE H
LAKE WORTH, FL 33463

SUBJECT: SFPM 2015 MANAGEMENT, INC.
Ref. Number: P15000029368

We have received your document for SFPM 2015 MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE SIGNATURE OF THE OFFICER AND THE REGISTERED AGENT IS REQUIRED.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 715A00007808

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SFPM 2015 Management, Inc.
Name of Corporation

DOCUMENT NUMBER: P15000029368

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:

Diane Evans

Name of Contact Person

SFPM 2015 Management, Inc.

Firm/Company

3285 Lake Worth Road Suite H

Address

Lake Worth, FL 33463

City/State and Zip Code

sfpm2015@outlook.com

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

For further information concerning this matter, please call:

Diane Evans

Name of Contact Person

at (561) 632-6521

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: SFPM 2015 Management, Inc
2. The principal office address: 3285 Lake Worth Road Suite H Lake Worth, FL 33461
3. The mailing address (if different): 1145 Anchor Pt. Delray Beach, FL 33444
4. Date of incorporation/qualification: March 31, 2015 Document number: P15000029368
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)

Ronald Evans

3285 Lake Worth Road Suite H

Lake Worth, FL 33461

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

Diane Evans

1145 Anchor Pt

P.O. Box NOT acceptable

Delray Beach, FL 33444

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.

Diane Evans

Signature of an officer or director

Diane Evans, President Owner

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.~~

Diane Evans

Signature of Registered Agent

5/26/15

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)

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TALLAHASSEE, FLORIDA

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