

P15000042189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

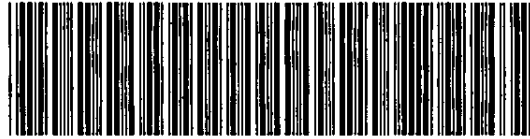
(Business Entity Name)

(Document Number)

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2016

5/23/16

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LE BOUQUET BY FRANCIS, INC  
Name of Corporation

P15000042189  
**DOCUMENT NUMBER:**

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:

FRANCIS PEYRONNET

Name of Contact Person

LE BOUQUET BY FRANCIS, INC

Firm/Company

2855 GULF TO BAY BOULEVARD, APPT 8409

Address

CLEARWATER, FL 33759

City/State and Zip Code

FRANCIS.PEYRONNET@YAHOO.FR

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

For further information concerning this matter, please call:

FRANCIS PEYRONNET 813 580 9709  
Name of Contact Person at ( ) 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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: LE BOUQUET BY FRANCIS, INC.
2. The principal office address: 2855 GULF TO BAY BOULEVARD, APPT 8409 CLEARWATER, FL 33759
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/11/2015 Document number: P15000042189

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)

FRANCIS PEYRONNET

2855 GULF TO BAY BOULEVARD, APPT 8409

CLEARWATER, FL 33759

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

ROBERT PITTMANN

1001 BRICKELL BAY DRIVE, 9TH FLOOR

P.O. Box NOT acceptable

MIAMI, FL 33131

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

PEYRONNET CEO  
\_\_\_\_\_  
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

APRIL 30, 2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Robert W. Pittman, P.A.  
\_\_\_\_\_  
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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