

P160000036554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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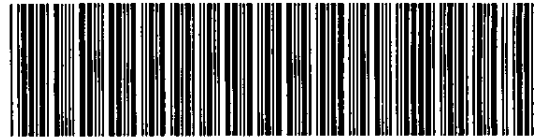
(Business Entity Name)

(Document Number)

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16 OCT 17 AM 10:12
DIVISION OF CORPORATIONS
CLERK OF STATE

OCT 18 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Enhancement Product Designs
Name of Corporation

DOCUMENT NUMBER: P16000036554

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:

Kathy Baker

Name of Contact Person

Enhancement Product Designs

Firm/Company

8546 Palm Parkway, #357

Address

Orlando, FL 32836

City/State and Zip Code

Info@enhancementproductdesigns.com

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

For further information concerning this matter, please call:

Kathy Baker

Name of Contact Person

at (480) 862-5788

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

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STATE
DIVISION OF CORPORATIONS
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**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: Enhancement Product Designs
2. The principal office address: 2750 Taylor Ave, #A-33, Orlando, FL 32806

3. The mailing address (if different): 8546 Palm Parkway #357, Orlando, FL 32836

4. Date of incorporation/qualification: 4/22/2016 Document number: P16000036554

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)

INCORP SERVICES, INC

17888 67th Court North

Loxahatchee, FL 33470

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

REGISTERED AGENTS INC.

3030 N. Rocky Point Drive, STE 150A

P.O. Box NOT acceptable

Tampa, FL 33607

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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.

Kathy Baker
Signature of an officer or director

Kathy Baker

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.

Bill Havre
Signature of Registered Agent

10/10/2016

Date

If signing on behalf of an entity:

Bill Havre/Assistant Secretary

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)