

P16000055743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

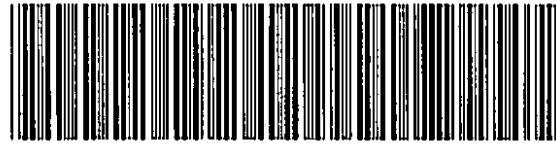
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C. D. Hade, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000055743 (2007 annual registration)

H16000162096
articles of incorporation
7/2016

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:

^{DiNatale}
Christine Hade
Name of Contact Person

C. D. Hade, Inc.
Firm/Company

19511 Lily Pond Court
Address

Brocksville FL 34601
City/State and Zip Code

cdhade@gmail.com
E-mail address: (to be used for future annual report notification)

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CLERK OF COURT
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Christine Hade at (704) 770 1017
Name of Contact Person 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: C. D. Hade, Inc
2. The principal office address: 19511 Lily Pond Ct Brooksville, FL 34601
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/6/16 Document number: #16000162096
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)

Spiegel + Utrera, P.A.
1840 Southwest 22nd St, 4th floor
Miami FL 33145

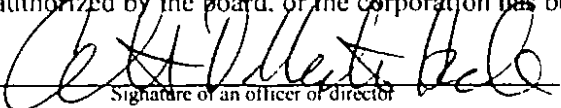
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Christine D. Natale Hade
19511 Lily Pond Ct
P.O. Box NOT acceptable
Brooksville FL 34601

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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.


Signature of an officer of director

Christine D. Natale Hade
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

7/17/17
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***