

P16000097483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

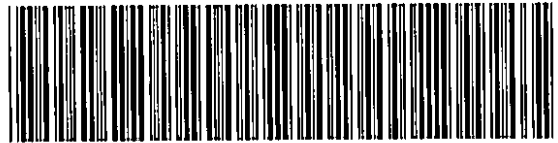
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07/02/18--01017--024 \*\*25.00

07/26/18 10:11 AM \*\*40.00

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2018 JUL 26 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JUL 30 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GEL Bagels Inc.  
Name of Corporation

DOCUMENT NUMBER: PI16000097483

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:

Geoffrey Lichtman  
Name of Contact Person

GEL Bagels Inc.  
Firm/Company

5906 Coral Ridge Dr.  
Address

Coral Springs FL 33076  
City/State and Zip Code

GeoffreyLichtman2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoffrey Lichtman at ( 856 ) 261-1090  
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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUL 14 2016  
PM 2:41  
CR21045



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2018

GEOFFREY LICHTMAN  
2242 WILTON PARK DRIVE  
WILTON MANORS, FL 33305

SUBJECT: GEL BAGELS, INC.  
Ref. Number: P16000097483

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 918A00013988

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: GEL Bagels Inc.
2. The principal office address: 5906 Coral Ridge Dr. Coral Springs Fl 3307
3. The mailing address (if different): 2242 Wilton Park Dr. Wilton Manors F 33305
4. Date of incorporation/qualification: 12/9/2016 Document number: P160000097483
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)

James B. Lyon Esq  
3300 University Dr #802  
Coral Springs Fl 33065

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

7900 Glades Rd. Suite 435  
Boca Raton Fl 33434

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Geoffrey Lichtman  
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]  
Signature of Registered Agent

7-18-2018  
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)