

P170000 23950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

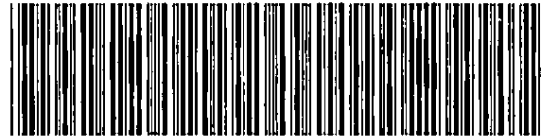
(Business Entity Name)

(Document Number)

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Q/A-CH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** O.B Cabinetry Master, Inc.  
\_\_\_\_\_ Name of Corporation

P17000023950  
**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:

Lissette Gonzalez  
\_\_\_\_\_ Name of Contact Person  
O.B Cabinetry Master, Inc.  
\_\_\_\_\_ Firm/Company  
4425 Pine St  
\_\_\_\_\_ Address  
Valrico, FL 33596  
\_\_\_\_\_ City/State and Zip Code  
o.bcabinetrymaster@outlook.com  
\_\_\_\_\_ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
Lissette Gonzalez 813 507-5783  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

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: O.B Cabinetry Master, Inc.  
2. The principal office address: 5909 Johns Rd #202 Tampa, FL 33634

3. The mailing address (if different): 4425 Pine St Valrico, FL 33596

4. Date of incorporation/qualification: 3/14/17 Document number: P17000023950

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)

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT A TAMPA, FL 33612

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

Lissette Gonzalez  
4425 Pine St Valrico, FL 33596  
P.O. Box NOT acceptable

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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 or director

Osmany Bermudez, President  
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

2/19/2019  
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)