

P17000081016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

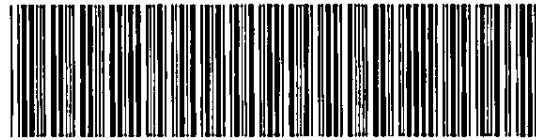
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/18--01017--016 **35.00

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2018 OCT 22 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

OCT 26 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FORSUPPLIES INCORPORATED**

Name of Corporation

DOCUMENT NUMBER: **P17000081016**

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:

Angela May Salang Razo

Name of Contact Person

FORSUPPLIES INCORPORATED

Firm/Company

1246 Smoke Rise Lane

Address

Tallahassee, FL 32317

City/State and Zip Code

angela.salang@forsupplies.com

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

For further information concerning this matter, please call:

Angela May Salang Razo at **337 7856931**

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Forsupplies Incorporated
2. The principal office address: 1246 Smoke Rise Lane
Tallahassee, FL 32317
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/10/2017 Document number: P17000081016

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)

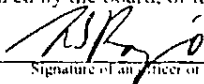
Angela May Salang
1246 Smoke Rise Lane
Tallahassee, FL 32317

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

Angela May Salang Razo
1246 Smoke Rise Lane
P.O. Box NOT acceptable
Tallahassee, FL 32317

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

Angela May Salang Razo
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

10/17/2018
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)

SECRETARY OF STATE
TALLAHASSEE, FL

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