

P18000035227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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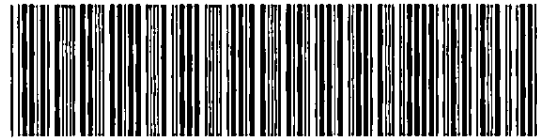
(Business Entity Name)

(Document Number)

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JAN 28 2019
TALLAHASSEE, FL

2019 JAN 28 AM 9:16

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PRATH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FALKONE ENTERPRISE, INC.**

Name of Corporation

DOCUMENT NUMBER: **P18000035227**

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:

ANTHONY P. FABIAN

Name of Contact Person

FALKONE ENTERPRISE, INC.

Firm/Company

16103 SW 2nd DR.

Address

PEMBROKE PINES, 33027

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIANNE FABIAN

Name of Contact Person

at **305 4315440**

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

1. The name of the corporation: FALKONE ENTERPRISE, INC.
2. The principal office address: 16103 SW 2nd Dr. Pembroke Pines, FL 33027
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/20/2018 Document number: P18000035227

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)

Marianne Fabian

20786 SW 129th Ave. Miami FL 33177

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


Marianne Fabian

16103 SW 2nd Dr. Pembroke Pines, FL 33027

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 of an officer or director

Anthony P. Fabian / 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

01/25/2019

Date

If signing on behalf of an entity:

Marianne Fabian

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)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL