

P18000039371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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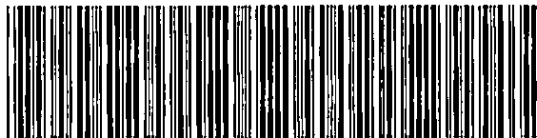
(Business Entity Name)

(Document Number)

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S. YOUNG
JUN 12 2018

FILED
18 JUN 11 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Celebration Desserts, Inc
Name of Corporation

DOCUMENT NUMBER: P18000039371

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:

Allen Steinfeld
Name of Contact Person

Celebration Desserts, Inc
Firm/Company

1705 Spring Creek Dr.
Address

Sarasota, FL 34239
City/State and Zip Code

Steinfeld4@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Steinfeld at (941) 773-3702
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: Celebration Desserts, Inc.
2. The principal office address: 1705 Spring Creek Dr. Sarasota, FL
34239
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/26/2018 Document number: P18000039371
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)

Allen Steinfeld
1705 Spring Creek Dr.
Sarasota, FL 34239

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

Legaline Corporate Services Inc.
5237 Summerlin Commons, Suite 400
Fort Myers, FL 33907

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.

Allen Steinfeld
Signature of an officer or director

Allen Steinfeld, owner
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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of the corporation: Celebration Desserts, Inc.
2. The principal office address: 1705 Spring Creek Dr. Sarasota, FL
34239

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/26/2018 Document number: P18000039371

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)

Allen Steinfeld
1705 Spring Creek Dr.
Sarasota, FL 34239

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

Legalinc Corporate Services Inc.
5237 Summerlin Commons, Suite 400
P.O. Box NOT acceptable
Fort Myers, FL 33907

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.

Allen Steinfeld
Signature of officer or director

Allen Steinfeld owner
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.

Patti Sclementi
Signature of Registered Agent

06/06/2018
Date

If signing on behalf of an entity:

Patti Sclementi
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)