

P21000083734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

Sent. 10.04.21

TO: Amendment Section
Division of Corporations

SUBJECT: Sorelle Coffee Company Inc.
Name of Corporation

DOCUMENT NUMBER: P21000083734

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:

Nichole Johnson
Name of Contact Person

Sorelle Coffee Company Inc.
Firm/Company

1475 SW 41st Pl.
Address

Palm City, FL 34990
City/State and Zip Code

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

For further information concerning this matter, please call:

Nichole Johnson at (516) 698-8901
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Sorelle Coffee Company Inc
2. The principal office address: 1475 SW Ulmus Place
Palm City, FL 34990
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09.23.21 Document number: P21000083734
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)
Answer Net
5575 S. Semoran Blvd.
#36
Orlando, FL 32822

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

Nichole Johnson
1475 SW Ulmus Place
Palm City FL 34990

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

Nichole Johnson
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

10.04.21
Date

If signing on behalf of an entity:

Nichole Johnson
Typed or Printed Name

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