P21000101367

(Requestor's Name)
(Addrona)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooling to the Cooling to the Cooli
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J DENNIS
JUN 1 4 2023

Office Use Only



100403534001

03/23/23--01008--003 *+35.00

1023 MAK 23 PM 3: 35

SECRETARY OF STATE

COVER LETTER

SUBJECT: Long Island Pen Show Inc.	
Name of Corporation	
DOCUMENT NUMBER: P21000101367	
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:
Gary S. Wolff	
Name of Contact Person	
Gary S. Wolff, CPA	
Firm/Company	
12B Eastgate Drive	
Address	
Boynton Beach, FL 33436	
City/State and Zip Code	
gwolff618@aol.com	
E-mail address: (to be used for future annual	report notification)
	•
For further information concerning this matter, p	lease call:
Gary S. Wolff	at (201 362-1189
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

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.	
	Long Island Pe		
	office address: 33 Glens Drive		
Boynton Beach,			
4. Date of incorp	poration/qualification:	Document number: <u>P2100010136</u> 7	
	I street address of the current returnent of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)	
	Dreskin, Jerold		
1903 S Congress Ave. STE 340			
	Boynton Beach, FL 33426		
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered office	
	12B Eastgate Drive		
		P.O. Box NOT acceptable	
	Boynton Beach, FL 33436		
The street address changed will	ess of its registered office and be identical.	I the street address of the business office of its registered agent,	
		aly adopted by its board of directors or by an officer so as been notified in writing of the change.	
$\frac{1}{2}$	hed of	Michael Bloom, President	
2	ire of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is be	the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a ch s been notified in writing of th	d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.	
Day	swolf		
	the Constitution of the control of t		
If signing on be	ehalf of an entity:		
т	Typed or Printed Name		
	***F	TLING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)