## P93000001041

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| PICK-UP                   | MAIT            | MAIL        |
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| Certified Copies          | Certificate     | s of Status |
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| Special Instructions to F | iting Officer:  |             |
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Office Use Only



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JUN 18 2018
S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: The Ellenbogen Agency, Inc. Name of Corporation P93000021041 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: Steven Ellenbogen Name of Contact Person Firm/Company 3822 N. 41st Ave Address Hollywood, Florida 33021 City/State and Zip Code windinspector@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 255-56/5 Area Code & Daytime Telephone Number Susan Kaplan Name of Contact Person 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

| statement of che   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.  |   |
|--|--|---|
| 1. The name of   | the corporation: The Ellenbogen Agency, Inc.   |   |
| 2. The principal   | l office address: 3822 N. 41st Ave, Hollywood, Florida 33021   | _ |
| 3. The mailing a   | address (if different):  |   |
| 4. Date of incor   | poration/qualification: 03/17/1993 Document number: P93000021041   | _ |
|  | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)   |   |
|  | Ellenbogen, Steven   |   |
|  | 10945 NW 20th Drive  |   |
|  | Coral Springs,Florida 33071  |   |
| 6. The name and (if changed):  | d street address of the new registered agent (if changed) and /or registered office described by the new registered agent (if changed) and /or registered office described by the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if cha |   |
|  | Susan Kaplan   |   |
|  | 3822 N 41st Ave  P.O. Box NOT acceptable  Hollywood Florida 33021  |   |
|  | Hollywood, Florida 33021   |   |
| The street address changed will  | ess of its registered office and the street address of the business office of its registered agent, be identical.  |   |
| Such change wa<br>authorized by the  | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.  |   |
| Q  | Susan Kaplan Director Printed or typed name and title  |   |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed myrely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.    O   C   Date  |   |
| If signing on be   | half of an entity:   |   |
| Susan Kap  | <del></del>  |   |
| 1,   | yped or Printed Name   |   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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