

P95000036740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700330853857

08/26/13 14:01:12 - 000 1015.00

2019 JUN 26 AM 11:52

R. WHITE  
JUL 09 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CialBrie, Inc.  
Name of Corporation

DOCUMENT NUMBER: P95000036740

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:

Frederick P. Brieese  
Name of Contact Person

CialBrie, Inc.  
Firm/Company

4383 Waxwing Court  
Address

Boynton Beach, FL 33436  
City/State and Zip Code

dbrieese@plantmasters.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frederick P. Brieese at ( 561 ) 731-2770  
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: CialBrie, Inc.
2. The principal office address: 4383 Waxwing Court  
Boynton Beach, FL 33436
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 10, 1995 Document number: P95000036740
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)

PHILIP CIALONE RESIGNED

1921 York Lane

Palm City, FL 34990

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

Dale Briese

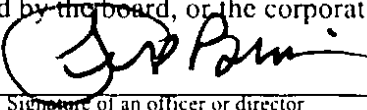
4383 Waxwing Court

P.O. Box NOT acceptable

Boynton Beach, FL 33436

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.

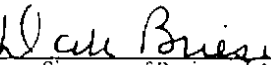


Signature of an officer or director

Frederick P. Briese, 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

June 24, 2019

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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