

P 15000 49833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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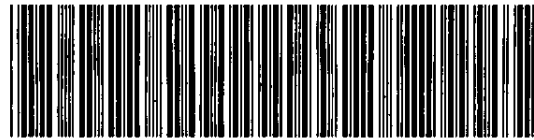
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIFTY ONE FIFTY THREE GARDEN CENTER
Name of Corporation

DOCUMENT NUMBER: P95000049833

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:

Eric Gordon

Name of Contact Person

Fifty One Fifty Three DBA
Garden Center

AAA Garden Center

Firm/Company

5253 S. Military Tr.

Address

Lake Worth, FL 33463

City/State and Zip Code

ericgordon@aaa garden center. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Gordon

Name of Contact Person

at (561) 968-5105

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: FIFTY ONE FIFTY THREE GARDEN CENTER INC.
2. The principal office address: 5253 S. Military Tr.
Lake Worth, FL 33463
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/5/96^{6/23/1995} Document number: P95000049833

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)

Eric Gordon
5253 S. Military Tr.
Lake Worth, FL 33463

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

KIM AMBRY
626 Lake Osborne Ter.
Lake Worth, FL 33461

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 of an officer or director

Eric Gordon, P
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.

Kim Ambry
Signature of Registered Agent

2-27-18
Date

If signing on behalf of an entity:

FIFTY ONE FIFTY THREE GARDEN CENTER
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)

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