P96000024341

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI Name	ECT: Gorgeous George Enterprises, Inc. of Corporation	• •	-		
DOCU	MENT NUMBER: P96000024341		_		
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for	filing.		
Please	return all correspondence concerning this	matter to the following:			
Carl Ho	ow de n				
Name	of Contact Person				
Carl N.	Howden CPA P.A.				
Firm/C	Company				
833 Ta	nglewood Circle				
Addres	SS				
Weston	, FL 33327				
City/St	ate and Zip Code				
·	rasslinetc@yahoo.com				
E-mai	l address: (to be used for future annua	I report notification)	-		
For fur	ther information concerning this matter, p	please call:			
Carl Ho	owden	954 \648-6050	_;;;;) ;;;;)	202	
-	Name of Contact Person	at (954)648-6050 Area Code & Daytime Tele	phone Nu	mber	
Enclos	ed is a \$35.00 check made payable to the	Department of State.		EC -	; <u>;</u>
211010					_4.22.4
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee	DE STATE	器 11:43	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310		

CR2E045 (04/13)

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

statement of ch	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: Gorgeous George Enterprises, Inc.	
2. The principal	l office address: 7191 Harbor View Ln Seminole, FL 33776	
3. The mailing	address (if different): same	
4. Date of incor	poration/qualification: 03/19/1996 Document number: P96000024341	_
The name an Florida Depa	d street address of the current registered agent and registered office on file with the rument of State: (If resigned, enter resigned)	
	Carl N. Howden (resigned)	
	833 Tanglewood Circle	
	Weston, FL 33327	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	Barbara L. Poffo	
	7191 Harbor View Ln	
	P.O. Box NOT acceptable	
	Seminole, FL 33776	
as changes will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	•
Darba	Barbara L. Poffo-President Printed or typed name and title	
l hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. The complex with the provisions of all statutes relative to the proper and complete performance of a statute of a statute of the proper and complete performance of a statute of the proper and complete performance of a statute of the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Darbar	nature of Registered Agent 12-4-2023	\checkmark
If signing on be	half of an entity:	
Barbara L. Poffo		
Ту	ped 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 (04/13)