

P96000073692

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1/16/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voshardt/Humphrey Artworks, Inc.

Name of Corporation

DOCUMENT NUMBER: P96000073692

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:

Robyn Voshardt

Name of Contact Person

Voshardt/Humphrey Artworks, Inc.

Firm/Company

342 Millerton Road

Address

Lakeville, CT 06039-1305

City/State and Zip Code

robyn@vhworks.com

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

For further information concerning this matter, please call:

Sven Humphrey

Name of Contact Person

at (917) 407-3824

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 JAN 16 PM 12:40

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 30, 2013

Robyn Voshardt
Voshardt/ Humphrey Artworks, Inc.
342 Millerton Road
Lakeville, CT 06039-1305

SUBJECT: VOSHARDT/HUMPHREY ARTWORKS, INC.
Ref. Number: P96000073692

We have received your document for VOSHARDT/HUMPHREY ARTWORKS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

new
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 913A00029293

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: Voshardt/Humphrey Artworks, Inc.
2. The principal office address: 275 - 96th Avenue North, Unit 6
St. Petersburg, FL 33702
3. The mailing address (if different): 342 Millerton Road, Lakeville, CT 06039-1305
4. Date of incorporation/qualification: 1996 Document number: P96000073692
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)

Voshardt, Robyn A
200 Second Avenue South #337
St. Petersburg, FL 33701

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

J. Gerard Correa
275 - 96th Avenue North, Unit 6
P.O. Box NOT acceptable
St. Petersburg, FL 33702

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

Robyn A. Voshardt, 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

Jan 13, 2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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TALLAHASSEE, FLORIDA