## P94000087209

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



800279071488

11/17/15--01022--010 \*\*35.00

2015 NOV 17 PM 3: 30
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA



NOV 18 2015

I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Valley Forge Fabrics Inc

P96000087209

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:

Jeffrey Taragano

Name of Contact Person

Valley Forge Fabrics Inc

Firm/Company

1650 W. McNab Road

Address

Fort Lauderdale, FI 33309

City/State and Zip Code

itaragano@valleyforge.com

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

For further information concerning this matter, please call:

Jeffrey Taragano

Name of Contact Person

954 971-1776

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, 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: Valley Forge Fabrics Inc
2. The principal	office address: 1650 W McNab Road, Fort Lauderdale, FI 33309
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 10/22/1996 Document number: P96000087209
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Daniel Dobin
	2981 Gateway Drive
	Pompano Beach, FL 33069
6. The name and (if changed):	
	Daniel Dobin
	Daniel Dobin  1650 W McNab Road  P.O. Box NOT acceptable
	P.O. Box NOT acceptable  Fort Lauderdale, Fl 33309
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change wanthorized by t	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.
Signation	Daniel Dobin, Chairman  Printed or typed name and title
I further agree performance of	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered sis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sig	gnature of Registered Agent Date
If signing on be	ehalf of an entity:
Daniel	Dobin Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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