



Division of Corporations

### Florida Department of State

Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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### REGISTERED AGENT CHANGE VALLEY FORGE FABRICS, INC.

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**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: VALLEY FORGE FABRICS, INC.

2. The principal office address: 1650 W. MCNAB ROAD FORT LAUDERDALE, FL 33309

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/22/1996 Document number: P96000087209

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)

DOBIN, DANIEL  
1650 W. MCNAB ROAD  
FORT LAUDERDALE, FL 33309

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324  
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.

*Daniel Dobin*  
Signature of an officer or director

*Daniel Dobin* 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.*

By: *Christine Keim*  
Signature of Registered Agent

12/4/2020  
Date

If signing on behalf of an entity:  
Christine Keim  
Assistant Secretary  
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 (04/13)