

P99000031276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

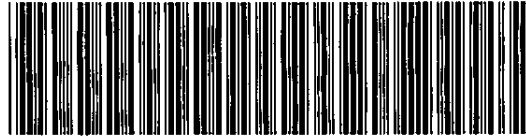
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500270914175

04/03/15--01023--012 **35.00

15 APR 15 AM 10:16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C.L.
4-20-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2015

THOMAS K. MORRISON, ESQ. / MORRISON & MILLS PA
1200 W. PLATT ST. #100
TAMPA, FL 33606 US

SUBJECT: CANDY'S PROPERTIES, INC.
Ref. Number: P99000031276

We have received your document for CANDY'S PROPERTIES, 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):

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 015A00006969

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Candy's Properties, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000031276

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:

Thomas K. Morrison, Esq.

Name of Contact Person

Morrison & Mills, P.A.

Firm/Company

1200 W. Platt St., #100

Address

Tampa, FL 33606

City/State and Zip Code

tommor@morrisonandmills.com

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

For further information concerning this matter, please call:

Thomas K. Morrison

Name of Contact Person

at (813) 257-3311

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: Candy's Properties, Inc.
2. The principal office address: 10411 Oakbrook Drive
Tampa, FL 33618
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 04/01/1999 Document number: P99000031276

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)

Antonio T. Serrano (Resigned)

10411 Oakbrook Drive

Tampa, FL 33618

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

Thomas K. Morrison, Esq.

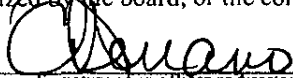
1200 West Platt Street, Suite 100

P.O. Box NOT acceptable

Tampa, FL 33606

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

CANDY SERRANO, PRES.
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

03/03/2015

Date

If signing on behalf of an entity:

Thomas K. Morrison
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

CR21045 (03/12)

15 APR 16 AM 10:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS