

990000072874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
OFFICE OF CORPORATIONS

RA/Change
(10 12/13/13)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capitol Alliance Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000072874

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 Sharkey

Name of Contact Person

Capitol Alliance Group, Inc.

Firm/Company

106 E. College Avenue, Suite 640

Address

Tallahassee, FL 32301

City/State and Zip Code

jeffreys shark@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Sharkey

Name of Contact Person

at (850) 224-1660

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

December 5, 2013

JEFFREY SHARKEY
CAPITOL ALLIANCE GROUP, INC.
106 E. COLLEGE AVENUE - STE. 640
TALLAHASSEE, FL 32301

Corrected

SUBJECT: CAPITOL ALLIANCE GROUP, INC.
Ref. Number: P99000072874

We have received your document for CAPITOL ALLIANCE GROUP, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 213A00027786



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2013

JEFFREY SHARKEY
CAPITOL ALLIANCE GROUP, INC
106 E. COLLEGE AVENUE - STE. 640
TALLAHASSEE, FL 32301

SUBJECT: CAPITOL ALLIANCE GROUP, INC.
Ref. Number: P99000072874

We have received your document for CAPITOL ALLIANCE GROUP, INC. and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 413A00024761

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: Capitol Alliance Group, Inc
2. The principal office address: 106 E. College Avenue, Suite 640, Tallahassee, FL 32301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/10/1999 Document number: P99000072874
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)

Jeffrey Sharkey

106 E. College Avenue, Suite 640

Tallahassee, FL 32301

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

Stephanie Sharkey

106 E. College Avenue, Suite 640

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Jeffrey Sharkey, Director

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

12/10/2013

Date

If signing on behalf of an entity:

Stephanie Sharkey

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 (03/12)

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DIVISION OF CORPORATIONS
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