571588

(R	Requestor's Name)	
(A	Address)	
(A	address)	
(C	City/State/Zip/Phone #)
PICK-UP.	☐ WAIT	MAIL
(B	Business Entity Name)	
(D	Oocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
(D Certified Copies	Ocument Number) Certificates of	

Office Use Only



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SECRETARY OF STATE

FILED

@ Roberts APR 1-5 2010



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2010

TED DRUM FIFTEENTH STREET, INC. 1900 S E 15 ST FT LAUDERDALE, FL 33316

SUBJECT: FIFTEENTH STREET, INC.

Ref. Number: S71588

We have received your document for FIFTEENTH STREET, 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):

Please complete block #6. The new registered agent must sign below as registered agent accepting appointment.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 710A00008367



COVER LETTER

Division of Corporations
SUBJECT: Fifteenth Street Ine (Name of Corporation)
DOCUMENT NUMBER:
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:
Robert O. Cox (Name of Contact Person)
(Name of Contact Person)
Fifteenth Street Inc
(Firm/Company)
1900 CF 15 CL
/900 5E /5 5+ (Address)
Ft Livderdale Fla 33316
(City/State and Zip Code)
For further information concerning this matter, please call:
R.O. CON or
(Name of Contact Person) at (954) 523 8507 (Area Code & Daytime Telephone Number)
(5. 56

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

TO:

Amendment Section

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Fifteenth Greet Inc.
1. The name of the corporation: Fifteenth Greet Inc. 2. The principal office address: 1906 SE 15 ST
FHANderdale F1 33316
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1095 1491 Document number: 57/588 95 6
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
R.O. Cox
1900 SE 15 St Ff Landerdake Fly 33316
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert O Cox
(P.O. Box NOT acceptable)
(P.O. Box NOT acceptable) For Line developed Fl 333/6
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) 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) (Signature of Registered Agent) (Date)
(signification regions)
If signing on behalf of an entity:
(Typed or Printed Name)

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