V28875

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(englished)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filip Officer
Special Instructions to Filing Officer:





400332769384

08/13/19--01015--012 **30.90

FILED

2019 AUG 13 P 3 32

SECRETARY OF STATE
FALLAHASSEF ET STATE

AUG 1 9 201 T. LEMIEU

Randall A. Fischer, P.A.

Attorney At Law
2100 SE Ocean Boulevard
Suite 203
Stuart, FL 34996
Randall@RAFischerAttorney.com

Phone: 772,463,7737 **Jan:** 866,300,0416

August 7, 2019

Amendment Section
Florida Department of State
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Amend Registered Agent

Joseph's Wholesale Jewelry Outlet, Inc.

Dear Sir/Madam:

Enclosed please find check no.: 3642 in the amount of \$35.00 to cover the cost of amending the current Registered Agent from Jeffrey Kirsh, Esq. (Deceased March 28, 2019) to the newly appointed Registered Agent. Randall A. Fischer, Esquire.

I have also enclosed a pre-stamped and addressed envelope for the return of any document stating the registered agent has been amended for Josephs Wholesale Jewelry Outlet Inc.

Please let me know if you need anything additional.

Thank you for your time and assistance.

Karen Schweikert

Paralegal to Randall A. Fischer, P.A.

/kks

Sincerely,

Enclosure(s): FLDOC Cover Letter

Statement of Change of Registered Agent

Check no. 3642 for \$35.00

Self-Addressed and Stamped Envelope

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Joseph's Wholesale Jewelry Outlet, Inc.

Name of Corporation

DOCUMENT NUMBER: V28875

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:

Randall A. Fischer, Esq.

Name of Contact Person

Randall A. Fischer, P.A.

Firm/Company

2100 SE Ocean Blvd. - Suite 203

Address

Stuart, Florida 34996

City/State and Zip Code

randall@rafischerattorney.com

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

For further information concerning this matter, please call:

Karen Schweikert 772 463-7737

Name of Contact Person 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 t		
2. The principal office address: 5250 SE Federal Highway		
Stuart, Florida 34997		
3. The mailing address (if different): (Same as above)		
4 Date of incom	poration/qualification: 4/13/1992Document number:V28875	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Jeffrey M. Kirsch (Deceased on March 28, 2019)	
	2100 SE Ocean Blvd. Suite 203	
	Stuart, Florida 34996	
6. The name and (if changed);	street address of the new registered agent (if changed) and /or registered of the	
	Randall A. Fischer, Esq.	
	2100 SE Ocean Blvd Suite 203	
	P.O. Box NOT acceptable	
as changed with	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
1	Josephs A. Napoli, President Printed or typed name and title	
nerformance of	he appointment as registered agent and agree to act in this capacity. O comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered to the complete is being filed merely to reflect a change in the registered office address. I hat the carporation has been notified in writing of this change.	
If signing on behalf of an entity:		
N/A		
Ту	ped or Printed Name	

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