

N19 000000 2655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

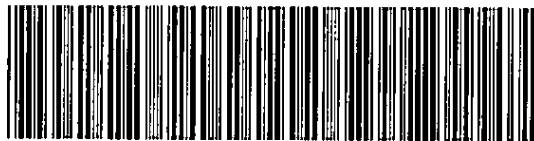
(Business Entity Name)

(Document Number)

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RA & RO change

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SECRETARY OF STATE  
FILED ASSISTANT

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A. RAMSEY

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Young Angels Corporation  
Name of Corporation

**DOCUMENT NUMBER:** N19000002655

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:

Janell Walko

Name of Contact Person

Firm/Company

12862 Saddle Club Circle, #201

Address

Tampa, FL 33635

City/State and Zip Code

janell.walko@gmail.com

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

For further information concerning this matter, please call:

Gail Solivan

Name of Contact Person

at 813

431-4314

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Young Angels Corporation
- 2. The principal office address: 12284 Country White Circle
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 3/14 2019 Document number: N19000002655
- 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)

Gail Solivan  
 \_\_\_\_\_  
12284 Country White Circle  
 \_\_\_\_\_  
Tampa, FL 33635

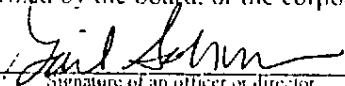
- 6. The name and street address of the new registered agent (if changed) and or registered office (if changed):

Janell Walko  
 \_\_\_\_\_  
12862 Saddle Club Circle, #201  
 \_\_\_\_\_  
 P.O. Box NOT acceptable  
Tampa, FL 33635


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 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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.

 \_\_\_\_\_ Gail Solivan  
 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.*

 \_\_\_\_\_ 11/4/2021  
 Signature of Registered Agent Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed or Printed Name

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