

P010000015687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

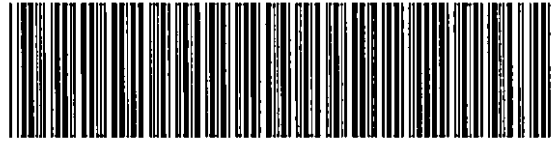
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



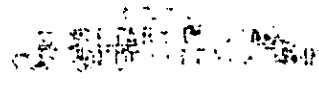
700319151207

10/04/18--01015--035 **70.00

2018 OCT -4 AM 11: 38
RECEIVED
FILING OFFICE
STATE OF TEXAS

OCT 17 2018

COVER LETTER



2010 OCT -4 AM 11:46

TO: Amendment Section
Division of Corporations

SUBJECT: Zacchini Rides, Inc
Name of Corporation

DOCUMENT NUMBER: P01000015687

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:

Teo Zacchini
Name of Contact Person

Zacchini Rides, Inc.
Firm/Company

P.O. Box 286
Address

Tallevast, FL 34270
City/State and Zip Code

Zacchini53@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teo Zacchini at (941) 355-0416
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 the corporation: Zacchini Rides, Inc.
- 2. The principal office address: 1208 N. Orange Ave
Sarasota, FL 34236
- 3. The mailing address (if different): P.O. Box 286
Tallevast, FL 34270
- 4. Date of incorporation/qualification: 2/9/2001 Document number: P01000015687
- 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)

Leslie Zacchini (deceased)
1208 N Orange Ave
Sarasota, FL 34236

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

Teo Zacchini
8204 Longbay Blvd
P.O. Box NOT acceptable
Sarasota, FL 34243

2018 OCT -4 AM 11:46

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.

Teo Zacchini
Signature of an officer or director

Teo L. Zacchini
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.

Teo Zacchini
Signature of Registered Agent

10/2/18
Date

If signing on behalf of an entity:

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