## P0900013297

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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AUG 2 1 2017 S. YOUNG

## COVER LETTER

Amendment Section Division of Corporations TO:

	Name of Corporation
DOCUMENT NU	P09000073297
The enclosed State	ement of Change of Registered Office/Agent and fee are submitted for filing
Please return all co	orrespondence concerning this matter to the following:
	JB ROTH
-	Name of Contact Person
	ROTH LAW FIRM PL
	Firm/Company
	6100 GREENLAND RD., STE 604
-	Address
	JACKSONVILLE, FL 32258
	City/State and Zip Code
,	JB@ROTHLAWFIRM.NET
_	E-mail address: (to be used for future annual report notification)

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

Area Code & Daytime Telephone Number

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florid a organized under the laws of the State of registered agent, or both, in the State o	f FLORIDA
1. The name of t	the corporation: DONNA MAN	ICINI STAGING & REDESIG	N, INC.
2. The principal	office address: 141 HILDEN	RD, SUITE 202, PONTE VEI	DRA, FL 32081
3. The mailing a	address (if different):		
4. Date of incoη	poration/qualification: 08/31/2	Document number: P090	000073297
	d street address of the current regis rtment of State: (If resigned, enter i	stered agent and registered office on file resigned)	with the
	ROTH LAW FIRM PL		<del>_</del>
	234 CANAL BLVD., SUI	TE 2	_
	PONTE VEDRA BEACH	I, FL 32082	_
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered	office
	6100 GREENLAND RD.	, SUITE 604	
	JACKSONVILLE, FL 32	Box NOT acceptable	<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent,
Such change was authorized by th	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so
	are of an officer or director	MICHAEL MANCINI, VICI	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered ag to comply with the provisions of a fmy duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and ca and accept the obligation of my positi to reflect a change in the registered of	omplete on as registered
If signing on be	chalf of an entity:		
JEAN B. RO	<u></u>		
T	voed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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