PD9000094518

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





800453568988

06/30/25--01020--024 **60.00



Mas 8/0-/05

COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|--------|--|----------------------|--------------|
| SUBJ | JECT: SUNCOAST REPRESENTATION, INC. | | |
| Name | e of Corporation | | |
| DOC | CUMENT NUMBER: P09000094518 | | |
| The e | enclosed Statement of Change of Registered Office/Agent and fee are subm | itted for filing. | |
| Please | e return all correspondence concerning this matter to the following: | | |
| | | | |
| • | B. Weiner | | |
| | e of Contact Person | | |
| • | B. Weiner, P.A. | | |
| | Company Company | | 202 |
| | V. Lumsden Road | | من ت |
| Addre | ess | | 2025 JUN 3 O |
| | don, FL 33511 | • • | ည |
| City/S | State and Zip Code | ; , | |
| | rweiner@roryweiner.com | | |
| E-ma | nil address: (to be used for future annual report notification) | | AM 9: 09 |
| For fu | urther information concerning this matter, please call: | | |
| Rory I | B. Weiner at (813) 681-3. | 300 | |
| | Name of Contact Person Area Code & Dayt | ime Telephone Number | |
| Enclo: | osed is a \$35.00 check made payable to the Department of State. | | |
| | Mailing Address: Street Address: Amendment Section Amendment Section | | |

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of |
|--|---|
| | the corporation: SUNCOAST REPRESENTATION, INC. |
| 2. The principal | office address: 6939 CRESTPOINT DRIVE, APOLLO BEACH, FL 33572 |
| 3 The mailing a | ddress (if different): 2113 Twin Creek Circle, Salem, VA 24153 |
| 4. Date of incorp | poration/qualification: 01/01/2010 Document number: P09000094518 |
| 5. The name and | d street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | Nicholas O. Fagnoni |
| | 6939 CRESTPOINT DRIVE |
| | APOLLO BEACH, FL 33572 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office |
| | Rory B. Weiner, P.A. |
| | 635 W. Lumsden Road |
| | P O Box NOT acceptable |
| | Brandon, FL 33511 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| 1 | Rory B. Weiner |
| Storitu | Printed or typed name and title |
| l further agree i of my duties, an document is bei | the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of an familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. |
| Sig | Palure of Registered Agent Date |
| | half of an entity: |
| Rory B. Weiner | |
| | yped or Printed Name |

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