

P13 ~~0000~~ 36645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

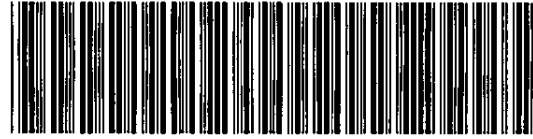
(Business Entity Name)

(Document Number)

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C. CAPROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Izzo New Concept Inc.
Name of Corporation

DOCUMENT NUMBER: P13000036645

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:

Antonio Marcos Izzo
Name of Contact Person

Izzo New Concept Inc.
Firm/Company

4650 N. Highway 19 A
Address

Mount Dora, FL 32757
City/State and Zip Code

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

For further information concerning this matter, please call:

Antonio Marcos Izzo at (352) 735-8041
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: Izzo New Concept Inc.
2. The principal office address: 4650 N. Highway 19 A, Mount Dora, FL 32757
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/23/2013 Document number: P13000036645
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)

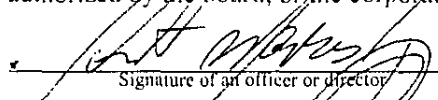
Law offices of Kravitz & Guerra, PA
800 Brickell Avenue 701
Miami, FL 33131

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

Antonio Marcos Izzo
4650 N. Highway 19 A
P.O. Box NOT acceptable
Mount Dora, FL 32757

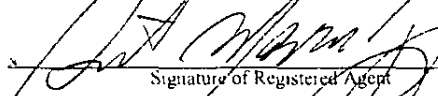
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Antonio Marcos Izzo
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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, hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

07-15-14
Date

FILED
14 JUL 18 PM 11:05
TALLAHASSEE, FL

If signing on behalf of an entity:
Antonio Marcos Izzo
Typed or Printed Name

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