P15000013a13

(Re	equestor's Name)	
(Ac	ldress)	
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(Cid	ty/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Name	s)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SANZIO INC

Name of Corporation

DOCUMENT NUMBER. P15000013273

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:

Oscar Rey

Name of Contact Person

Oscar Rey CPA PA

Firm/Company

1400 Lincoln Road #504

Address

Miami Beach, FL 33139

City/State and Zip Code

oscar@oscarrey.com

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

For further information concerning this matter, please call:

Oscar Rey

,305

5318518

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



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 27, 2015

OSCAR REY 1400 LINCOLN RD #504 MIAMI BEACH, FL 33139

SUBJECT: SANZIO INC

Ref. Number: P15000013273

We have received your document for SANZIO INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 715A00018193

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 ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Sanzio INC
2. The principal	office address: c/o Oscar Rey CPA, 1400 Lincoln Road #504, Miami Beach, FL, 33139
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 02/25/2015 Document number: P15000013273
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	NORTHWEST REGISTERED AGENT LLC
	3030 N. ROCKY POINT DR. STE 150A
	TAMPA, FL 33607
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Oscar Rey CPA PA
	1400 Lincoln Road #504
	P.O. Box NOT acceptable Miami Beach, FL, 33139
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
	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.
	Roberto Garbugli PTSD Printed or typed name and title
I further agree performance of agent. Or, if th hereby confirm	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 f my duties, and I am familiar with and accept the obligation of my position as registered ais document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
·	chalf of an entity: 2

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