

P15000060592

(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



200279958342

12/14/15--01026--010 **35.00

15 DEC 14 AM 7:52
DIVISION OF CORPORATIONS

DEC 16 2015
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stelissa inc

Name of Corporation

DOCUMENT NUMBER: P15000060592

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:

Stefano Ghirimoldi

Name of Contact Person

Stelissa Inc

Firm/Company

2664 Crag St

Address

Fort myers, FL 33901

City/State and Zip Code

stefano1810@gmail.com

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

For further information concerning this matter, please call:

Stefano

Name of Contact Person

at (**917**) **533 8081**

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: Stealissa Inc

2. The principal office address: 90 Twin Shores Blvd longboat Key FL 34228

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/16/2015 Document number: P15000060592

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)

Cretcher, John J

90 twin Shores Blvd Longboat Key, FL 34228

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

Stefano Ghirimoldi

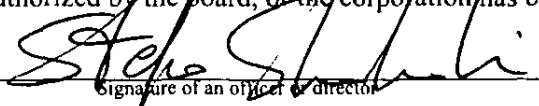
2664 Crag st Fort Myers , FL 33901

P.O. Box NOT acceptable

15 DEC 14 AM 7:52
DIVISION OF CORPORATIONS

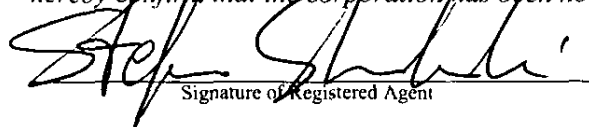
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Stefano ghirimoldi
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.


Signature of Registered Agent

12-08-2015
Date

If signing on behalf of an entity:

Typed or Printed Name

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