F15000000730

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
O Washington					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to a ming Offices.					

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/13/2020	<u> </u>
	**WALK IN*
ENTITY NAME OFFICIA	NA PROFUMO FARMACEUTICA DI SANTA MARIA NOVELLA OF AMERICA CORPORATION
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
	Certified Copy of Arts & Amendments Certificate of Good Standing
	APOSTILLE' / NOTARIAL CERTIFICATION
OUNTRY OF DESTINAT	TON
UMBER OF CERTIFICA	TES REQUESTED
OTAL OWED \$35.00	ACCOUNT # 120140000108 United Corporate Services, Inc.
Vease call Tina at th	he above number for any issues or concerns. Thank you so much!

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

statement of cha	unge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Sta on organized under the laws of the State of De or registered agent, or both, in the State of Fla	rlaware		
1. The name of	the corporation: OFFICINA PROFUM	MO FARMACEUTICA DI SANTA MARIA NOVELLA	A OF AMERICA CORPORATION		
	office address: 66 WHITE STREE	ET - UNIT 501			
	address (if different):				
4. Date of incor	poration/qualification:06/22/201	5 Document number: F15000002	2730		
	d street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with resigned)	the		
	CORPORATION SERVICE COM	MPANY	20		
	1201 HAYS STREET)20 A		
	TALLAHASSEE, FL 32301-252.		APRI 3		
6. The name and (if changed):					
	9200 South Dadeland Blvd Suite	e 508	-1 '-		
P.O. Box NOT acceptable					
	Miami, Florida 33156				
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	registered agent.		
Such change w authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so		
Ma	rio Gazzola	Mario Gazzola			
Signate	ine on any on each	Printed or typed name and title			
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered a to comply with the provisions of ad I am fumiliar with and accept ing filed merely to reflect a chan s been notified in writing of this	igent and agree to act in this capacity. Tall statutes relative to the proper and comp The obligation of my position as registered in the registered office address, I hereby change.	lete performance agent. Or, if this confirm that the		
	Jim Nash	4/10/2020			
8	Jim Wash nature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Jim Nash					
1	yped or Printed Name	_			

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