I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATI	JRF PA	T FENDA

I

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# 723743

Entity Name: LAS DAMAS DE ARTE, INC.

### **Current Principal Place of Business:**

4201 W. NORTH B STREET TAMPA, FL 33609

#### **Current Mailing Address:**

P.O. BOX 10903 TAMPA, FL 33679 US

### FEI Number: 59-3182355

# Name and Address of Current Registered Agent:

LAS DAMAS DE ARTE 4201 W NORTH B STREET TAMPA, FL 33609 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: PAT FENDA			01/23/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	FENDA, PAT	Name	PHILLIPS, AMY	
Address	4201 W. NORTH B ST.	Address	53 ALBERMARLE AVE	
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33606	
Title	RS, RECORDING SECRETARY	Title	TREASURER	
Name	ROBERTA, SCHOFIELD	Name	WELLS, KAREN	
Address	PO BOX 10561	Address	PO BOX 10903	
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679	
Title	CS, CORRESPONDING SECRETARY			
Name	PAUL, JEANNE			
Address	2008 CHELAM WAY			
City-State-Zip:	BRANDON FL 33511			

PRESIDENT

01/23/2022

FILED Jan 23, 2022 Secretary of State 1918763636CC

Date