5/20/22, 11:58 AM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Email Address:_

REGISTERED AGENT CHANGE D.J. ROSSETTI, INC.

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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J. HORNE

MAY 2 3 2022

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statud a organized under the laws of the State of <u>New Y</u> registered agent, or both, in the State of Florida	rork	_ _	
1. The name of t	he corporation: D.J. ROSSETTI, I.	NC.			
	office address: 322 Charlton Road	Ballston Spa, NY 12020			
3. The mailing a					
4. Date of incorporation/qualification: 04/21/2008 Document number: F08000001770					
5. The name and		stered agent and registered office on file with the			
	REGISTERED AGENT SERVICE	ES CO.			
	7512 Dr. PHILLIPS BLVD Suite 50-254		; 4	~3	
	ORLANDO, FL 32819		SECF ALL/	022	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			ETARY I	022 MAY 20	
	CT Corporation System		7. 1. 1.	Ħ	į
	1200 South Pine Island Road		25	8. 2	•
	Plantation, Florida 33324	P.O. Box NOT acceptable	,	F	
	ess of its registered office and the be identical.	street address of the business office of its regi		gent,	
authorized by the	is board, or the corporation has h	idopted by its board of directors or by an office teen notified in writing of the change. Christian Kalm, Attenday in First.	C1 SU		
Signam	ie of an officer or diffector	Christine Kelm, Attorney-in-Fact Printed or typed name and fills	-		
I further agrée : of my duties, an document is bei	to comply with the provisions of a d I am familiar with and accept t ny filed merely to reflect a chang v been noufied in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered ago we in the registered office address. I hereby con thange.	perform nt. Or, if afirm thai	ance this t the	
- OU la	Sta	05/20/2022			
\mathcal{O}	offula of Registered Agent half of an entity:	Date			
Enc Jensen, Ass	·				
	ped or Printed Name	-			

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 cr2e045 (04/13)

By: