

F08000001929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

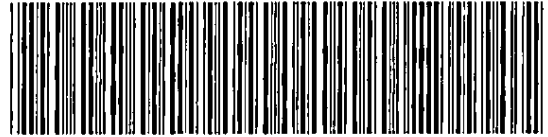
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500408952655

05/18/23--01013--015 \*\*35.00

S. C. ...  
JUL 4 2023

2023 MAY 18 PM 4:55  
JUL 4 2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SECUREVEST FINANCIAL GROUP  
Name of Corporation

DOCUMENT NUMBER: F03000001929

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:

AUGUST CELLITTI

Name of Contact Person

SECUREVEST FINANCIAL GROUP

Firm/Company

163 MADISON AVE. SUITE 405

Address

MORRISTOWN NJ 07960

City/State and Zip Code

ACELLITTI@SECUREVEST.COM

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

For further information concerning this matter, please call:

AUGUST CELLITTI

Name of Contact Person

at

973

605-8400

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 ILLINOIS in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SECUREVEST FINANCIAL GROUP
2. The principal office address: 163 MADISON AVENUE, SUITE 405, MORRISTOWN, NJ 07960
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/16/1981 Document number: 52327407
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)

ROBERT PEDRETTI C/O SECUREVEST FINANCIAL GROUP

1515 SOUTH FEDERAL HIGHWAY, SUITE 403

BOCA RATON, FL 33432

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

ROBERT PEDRETTI C/O SECUREVEST FINANCIAL GROUP

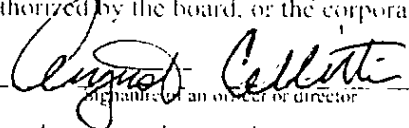
7600 EAST CYPRESSHEAD DRIVE

P.O. Box NOT acceptable

PARKLAND, FL 33067

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

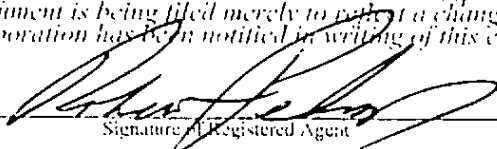
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

AUGUST CELLITTI, CEO

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 effect 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

5/19/23

Date

If signing on behalf of an entity:

ROBERT PEDRETTI

Typed 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)