

FO9000000539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

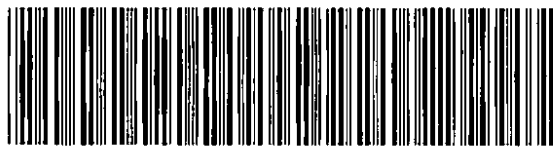
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600450220706

05/05/25--01033--016 **35.00

FM
7-1-25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAXA REALTY CORP.
Name of Corporation

DOCUMENT NUMBER: F09000000539

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:

JACKIE GERENA

Name of Contact Person

ENS BUSINESS FILINGS & SEARCHES CO.

Firm/Company

PO BOX 115

Address

WATERFORD, NY 12188

City/State and Zip Code

ENSBUSINESS911@GMAIL.COM

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

For further information concerning this matter, please call:

JACKIE GERENA

Name of Contact Person

at (518) 238-3083

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

1. The name of the corporation: PAXA REALTY CORP.
2. The principal office address: 515 BROADHOLLOW RD., STE. 800, MELVILLE, NY 11787
3. The mailing address (if different): 515 BROADHOLLOW RD., STE. 800, MELVILLE NY 11787
4. Date of incorporation/qualification: 2/10/2009 Document number: F09000000539
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)

CINOTTI LLP

66 WEST FLAGLER STREET, STE. 1002

MIAMI, FL 33130

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

REGISTERED AGENTS INC.

7901 4TH ST N, STE. 300

P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

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.

Patrizio Addari

Signature of an officer or director

PATRIZIO ADDARI, DIRECTOR

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.

David Roberts

Signature of Registered Agent

4/27/2025

Date

If signing on behalf of an entity:

DAVID ROBERTS, ASSISTANT SECRETARY

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)