F110000004248

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		İ

Office Use Only



600289962826

09/12/16--01021--013 **35.00

ACREMARY OF STATE

SEPJ D 2016 C LEWIS

COVER LETTER

Division of Corporations		
SUBJECT: FREEDOM UnLimited NOW Name of Corporation		
DOCUMENT NUMBER: F 1/0000 4268		
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:		
Rosemary Dewasen Rosemary Dewasen Name of Gontact Person PREEDOW Unlimited NOW Firm/Company 29 Beach Ave Address Address Lightic CT 06357 City/State and Zip Code 2825 project free of gonal - Cow E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Roseway Demosey at (\$60, 941-7587) Name of Contact Person (at (\$60, 941-7587) 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: FRECOS W Unlimited NOW
2. The principal office address: 29 Beach Ave Nightic CT 66357
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/24/3>11 Document number: F/100000 4268
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)
DR. Anthony Costanzo
3150 NW 68 CT
6. The name and street address of the new registered agent (if changed) and /or registered office
(ii changed):
LAUREN Rittenhause
5047 Ina Are N P.O. Box NOT acceptable
ST Refe, FL. 33710
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.
DR With Signature of director DT DR Anthomy Costanzo DST Printed for 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.
Lanne Distentio CEQ August 9, 2016 Signature of Registered Agent Date
If signing on behalf of an entity:
LAUREN Ritten house Typed or Printed Name

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