

F14000004914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

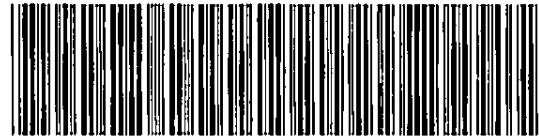
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100304441511

100304441511
10/25/17--01036--002 **10.00

10/12/17--01020--010 **25.00

FILED
17 OCT 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Nachg

001 07-2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

MIKE LENDINO
12271 TOWNE LAKE DR
FORT MYERS, FL 33913

SUBJECT: STUDIO PLUS ARCHITECTURE CORP
Ref. Number: F14000004914

We have received your document for STUDIO PLUS ARCHITECTURE CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file a change of registered agent/address form is \$35.00. Therefore, an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 117A00020759

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Studio Plus Architecture Corp

Name of Corporation

DOCUMENT NUMBER: F14000004914

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:

Mike Lendino

Name of Contact Person

Studio Plus Architecture Corp

Firm/Company

12271 Towne Lake Drive

Address

Fort Myers FL 33913

City/State and Zip Code

mikeL@studioplusarch.com

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

For further information concerning this matter, please call:

Mike Lendino

Name of Contact Person

at (239) 271-0355

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

**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 10/11/2017 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Studio Plus Architecture Corp
2. The principal office address: 2070 Business Center Drive Suite 295 Irvine CA 92612
3. The mailing address (if different): 12271 Towne Lake Drive Fort Myers FL 33913
4. Date of incorporation/qualification: 11/14/2014 Document number: F14000004914
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)

12730 New Brittany Blvd Suite 606

Fort Myers FL 33907

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

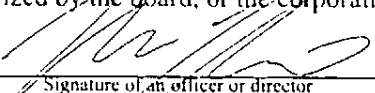
12271 Towne Lake Drive

Fort Myers FL 33913

P.O. Box NOT acceptable

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.

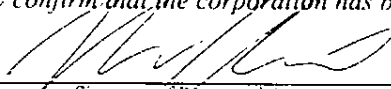


Signature of an officer or director

Mike Lendino

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.



Signature of Registered Agent

10/11/2017

Date

If signing on behalf of an entity:

Mike Lendino

Typed or Printed Name

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

FILED
17 OCT 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA