F18000003653

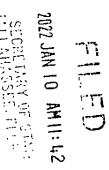
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE JAN 28 2022				

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: ITALTECH, LTD. CORP. of Corporation	
DOC	UMENT NUMBER: F18000003653	
The en	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
RISPO	DLI, FRANCESCO	
Name	of Contact Person	
ITAL'	TECH, LTD. CORP.	
Firm/	Company	
4100	NW 142nd Street #105	
Addre	288	
•	locka, 33054	
City/S	State and Zip Code	
	frispoli@italtech-us.com	
E-ma	il address: (to be used for future annua	l report notification)
For fu	arther information concerning this matter, p	please call:
France	esco Rispoli	at (1) 7865379784 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of British Virgin Islan to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Italiech ltd corp	
2. The principal	office address: 4100 NW 142nd Street #105 Opa-Locka, 33054	
3. The mailing a	ddress (if different): 1962 Madeira dr. 33327 Weston Fl	
4. Date of incorp	poration/qualification: 08/06/2018 Document number: F18000003653	
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	RISPOLI, FRANCESCO	
	3245 MERIDIAN PARKWAY	
	WESTON, FL 33331	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	RISPOLI, FRANCESCO	ì
	4100 NW 142nd Street #105	<u> </u>
	RISPOLI, FRANCESCO 4100 NW 142nd Street #105 P.O. Box NOT acceptable Opa-Locka, 33054	1
The street addre	ss of its registered office and the street address of the business office of its registered agents be identical.	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
-	Formes Co Lispo L' Man Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.	
N Sign	nature of Registered Agent OH/O1/Date	
If signing on be	half of an entity:	
Ту	yped 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)