## F.49452

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Stress Free Social Marketing, Inc.

Name of Corporation

DOCUMENT NUMBER: F49452

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:

## Lee Ann Pusatera

Name of Contact Person

Stress Free Social Marketing, Inc.

Firm/Company

5020 Ensign Loop

Address

New Port Richey, FL 34652

City/State and Zip Code

lpusatera@stressfreesocialmarketing.com

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

For further information concerning this matter, please call:

Lee Ann Pusatera at (727) 678-2510

Name of Contact Person 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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nge is submitted for a corporation organized under the laws of the State of Florida	this
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Stress Free Social Marketing, Inc.	
2. The principal	office address: 5020 Ensign Loop, New Port Richey, FL 34652	
3. The mailing a	ddress (if different):	<del></del> -
4. Date of incorp	poration/qualification: 10/1981 Document number: F49452	
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)	
	Lee Ann Pusatera	
	1859 Kinsmere Drive	
	Trinity, FL 34655	5 S
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	15 HOV 20
	Lee Ann Pusatera	
	5020 Ensign Loop	8; <del>L</del> 5
	P.O. Box NOT acceptable	Ċλ
	New Port Richey, FL 34652	
The street address changed will	ess of its registered office and the street address of the business office of its registed dentical.	ered agent,
Such change was	is authorized by resolution duly adopted by its board of directors or by an officer size board, or the corporation has been notified in writing of the change.	so
Xi	Last Preston	
Signatu	re of an officer or director Printed or typed name and title	
I further agree i performance of agent. Or. if th	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 my duties, and I am familiar with and accept the obligation of my position as registed desired office address that the corporation has been notified in writing of this change.	istered ess, I
Sig	nature of Registered Agent Date	<del></del>
If signing on be	half of an entity:	
	yped or Printed Name	

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