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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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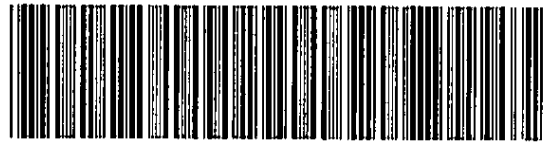
(Business Entity Name)

(Document Number)

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JUL 27 2021
1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adirondack Scenic, Inc. d.b.a. Adirondack Studios
Name of Corporation

DOCUMENT NUMBER: FEIN 14-1566132

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:

Charlie Anderson

Name of Contact Person

Adirondack Scenic, Inc., d.b.a. Adirondack Studios

Firm/Company

439 County Route 45

Address

Argyle, NY 12809

City/State and Zip Code

execasst@adkstudios.com

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

For further information concerning this matter, please call:

Charlie Anderson

Name of Contact Person

at

(518)

638 8000 x 274

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: Adirondack Scenic
2. The principal office address: 439 County Route 45, Argyle, NY 12809
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: February, 1975 Document number: FEIN 14-1566132
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)

CT Corporation

PO Box 4349

Carol Stream, IL 60197-4349

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

Mark Mazzanti

4564 36th Street

PO Box NOT acceptable

Orlando, FL 32811

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.

Michael Marko

Signature of an officer or director

Michael Marko

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.

Mark Mazzanti

Signature of Registered Agent

6/30/21

Date

If signing on behalf of an entity:

MARK MAZZANTI

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)

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