## G 68688

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Friorie #)			
PICK-UP WAIT MAJL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE Name o	ECT: Melidoni, Inc. of Corporation	
DOCU	MENT NUMBER: G-68688	
The en	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Rosema	aric Dotro	
Name o	of Contact Person	<del></del>
Dotros '	Travel	
Firm/C	ompany	
1508 se	: 13th streeet	
Addres	SS	<del>-</del>
Deerfie	ld Beach,Florida 33441	
City/St	ate and Zip Code	
	dotrotravel@bellsouth.net	
E-mail	address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	please call:
Rosemarie Dotro		ot (9546980010 \
	Name of Contact Person	at (9546980010) Area Code & Daytime Telephone Number
Enclose	ed 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
	P.O. Box 6327	Division of Corporations 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 char	age is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.		
	ne corporation: Melidoni,Inc.			
2. The principal of Deerfield Beach,	office address: 1508 sc 13th street			
3. The mailing a	Idress (if different):			
4. Date of incorp	oration/qualification: 1984	Document number: G-68688		
5. The name and		red agent and registered office on file with the		
	Deceased Joseph Dotro	7022		
	1202 e hillsboro blvd	7022 JAN 28		
	Deerfield Beach, Florida 33441	in the second se		
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office 2		
	Rosemarie Dotro			
	1508 se 13th Street			
	P.O. Box NOT acceptable			
	Deerfield Beach, Florida 33441			
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent,		
		opted by its board of directors or by an officer so en notified in writing of the change.		
Rosemarie Dotro Printed or typed name and title				
Signatu	re of an officer or director	Printed or typed name and title		
I further agree of my duties, and document is bei	to common with the provinces of al	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.		
Renowa	ie Reto	1/24/2022		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
τ	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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