

L807860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

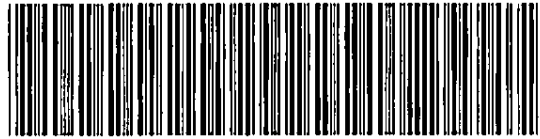
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2023 APR 10 AM 11:26  
SECURITY  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Floridom, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** L80786

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:

Marlene Levin

Name of Contact Person

Floridom, Inc.

Firm/Company

365 Wekiva Springs Road, Suite 101

Address

Longwood, FL 32779

City/State and Zip Code

mlevin@floridom.com

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

For further information concerning this matter, please call:

Marlene Levin

Name of Contact Person

at (407)

834-7720

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 Florida  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Floridom, Inc.
2. The principal office address: 365 Wekiva Springs Road, Suite 101  
Longwood, FL 32779
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/14/1990 Document number: L80786
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)

Norman D. Levin

365 Wekiva Springs Road, Suite 147

Longwood, FL 32779

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

Marlene Levin

365 Wekiva Springs Road, Suite 101

P.O. Box NOT acceptable

Longwood, FL 32779

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.

Marlene Levin  
Signature of an officer or director

Marlene Levin, Director and President  
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.*

Marlene Levin  
Signature of Registered Agent

April 3rd, 2023

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

2023 APR 10 AM 11:06  
SECRETARY  
TALLAHASSEE, FL  
7117D