

N01000001690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

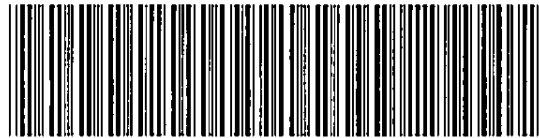
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Check Registered Agent
File Date
Receive October
24, 2025

Office Use Only



000455986040

09/11/25 -01022--014 ••85.00

SECRETARY OF STATE
TALLAHASSEE, FL

OCT 24 PM 2:32

FILED

AB
10/28/25

COVER LETTER

FILED

TO: Amendment Section
Division of Corporations

OCT 24 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FL**

SUBJECT: IMPACT INITIATIVES INC
Name of Corporation

DOCUMENT NUMBER: N01000001690

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:

STEPHEN CERVERA
Name of Contact Person
IMPACT INITIATIVES INC
Firm/Company
2405 SE 7th Street
Address
POMPANO BEACH, FL 33062
City/State and Zip Code

STEVE@IMPACTINITIATIVES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Cervera at (754) 249-1802
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
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.

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**SECRETARY
TALLAHASSEE, FL**

1. The name of the corporation: IMPACT INITIATIVES INC
2. The principal office address: 6280 W ATLANTIC BLVD
3. The mailing address (if different): 6280 W ATLANTIC BLVD
4. Date of incorporation/qualification: 3/12/2001 Document number: N01000001690
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)

REGISTERED AGENTS INC.

7901 4th St N STE 300

St. Petersburg, FL 33702, USA

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

CASALINA ~~GROUP~~ REALTY INC.

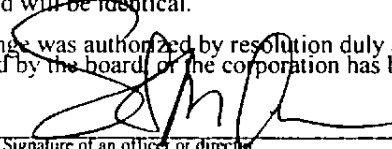
6280 W ATLANTIC BLVD

P.O. Box NOT acceptable

MARGATE, FLORIDA 33063

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

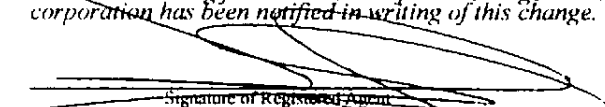
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

STEPHEN CERVERA, PRESIDENT/CHAIRMAN

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.


Signature of Registered Agent

July 28, 2025
Date

If signing on behalf of an entity:

CASALINA GROUP / CESAR LINARES

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

CR21:045 (04/13)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G21000122090

Fictitious Name to be Registered: CASALINA GROUP

Mailing Address of Business: 6280 W ATLANTIC BLVD
MARGATE, FL 33063

Florida County of Principal Place of Business: BROWARD

FEI Number:

Owner(s) of Fictitious Name:

CASALINA REALTY INC
6280 W ATLANTIC BLVD
MARGATE, FL 33063
Florida Document Number: P03000043685
FEI Number: 61-1447966

CASALINA INSURANCE AGENCY INC
6280 W ATLANTIC BLVD
MARGATE, FL 33063
Florida Document Number: P13000028244
FEI Number: 46-2380751

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
Sep 17, 2021
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

CESAR LINARES

09/17/2021

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()



Impact
Initiatives

October 21, 2025

To: Anissa Butler

Please see the revision to the change of Registered Agent request. The issue was that the name I used was a DBA "Casalina Group" of the Florida entity called "Casalina Realty Inc.". I have changed the name to the corporate name of the Florida entity which will be acting as my Registered Agent. Please let me know if there are any questions.

Sincerely,

Stephen Cervera
President and Chairman
754-249-1802
Impact Initiatives Inc

FILED
OCT 24 PM 2:32
ST. ALBANS, VT.
U.S. MAIL





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2025

STEPHEN CERVERA
2405 SE 7TH STREET
POMANO BEACH, FL 33062

SUBJECT: IMPACT INITIATIVES, INC.
Ref. Number: N01000001690

We have received your document for IMPACT INITIATIVES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 925A00021600

Receive
October
23, 2025