## N10353

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
NO. 31, Inc.
Name of Corporation
NOCUMENT NUMBER: N10353

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:

Robert L. Tankel

Name of Contact Person

Tankel Law Group

Firm/Company

1022 Main Street, Suite D

Address

Dunedin, Florida 34698

City/State and Zip Code

info@tankellawgroup.com

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

For further information concerning this matter, please call:

Scott Tankel 727 953-7775
Name of Contact Person Area Code & Davime 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:
Antendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	517.0502, 607.1508, or 617.1508, Floride		
		n organized under the laws of the State of cregistered agent, or both, in the State of		
	g ,	k of Five Towns No. 31, Inc.		
1. The name of	5920 80th St	reet N., St. Petersburg, FL 3	3709	
2. The principa	if office address:	<u></u>		
	address (if different): C/O Tank lin, FL 34698	kel Law Group, 1022 Main St	treet, Suite D	
4. Date of inco	moration/qualification: 07/23/1	985 Document number: N103	353	
5. The name ar		stered agent and registered office on file		
	VESTA PROPERTY SI	ERVICES, INC.	_	
	8141 54TH AVE N			
	ST. PETERSBURG, FL	_ 33709	19 MA	- <del></del>
6. The name an (if changed):		red agent (if changed) and /or registered (	AS O	
	Tankel Law Group	)	AM SEE	
	1022 Main Street, Suite	e D	8: 3: S[A] -	A. Carrier
		Box NOT acceptable		
	Dunedin, FL 34698		_	
The street addr as changed wil	ress of its registered office and the I be identical.	street address of the business office of	its registered agent.	
Such change wanthorized by t	ras authorized by resolution duly a the board, or the corporation has b	dopted by its board of directors or by a cen notified in writing of the change.	n officer so	
Ken	Judenie	Ken Guidinger, Presid		
Signat	गर श आ शीरक ज वंद्रक्रीक	Printed or typed name and t	title	
l jurther agrée performance o agent. Or, if fl	to comply with the provisions of a fany duries, and I am familiar with	•	mplete on as registered ice address, I	
16-5	Red	65/16/19 Date		
	granure of Registered Agent	Date		
II signing on b	chalf of an entity:			
	anku			
1	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 (03/12)