

N16000010523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

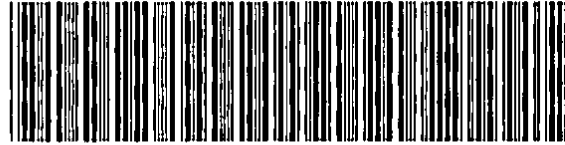
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CHARITARIUM INC  
Name of Corporation

**DOCUMENT NUMBER:** N16000010523

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:

MAYYA STEPANOVA  
Name of Contact Person  
CHARITARIUM INC  
Firm/Company  
10185 COLLINS AVE PH22  
Address  
BAL HARBOUR FL33154  
City/State and Zip Code  
charitarium@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYYA STEPANOVA at ( 202 ) 6042597  
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.

1. The name of the corporation: CHARITARIUM INC  
2. The principal office address: 10185 COLLINS AVE PH22

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 10/24/2016 Document number: N16000010523

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)

Florida Registered Agent LLC (resigned)  
7901 4th St N STE 300 St. Petersburg, FL 33702

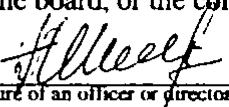
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

MAYYA STEPANOVA  
10185 COLLINS AVE PH22 BAL HARBOUR FL33154

P.O. Box NOT acceptable

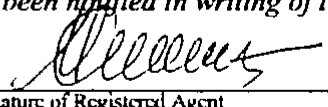
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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

CHARITARIUM INC  
\_\_\_\_\_  
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

10/13/22 CHARITARIUM INC  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

CHARITARIUM INC  
\_\_\_\_\_  
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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SECRETARY OF  
TALLAHASSEE, FL