Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

N22000007673

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Fax Number : (850)617-6380

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REGISTERED AGENT CHANGE
SIGMA IOTA PHI INC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGMA IOTA PHI INC
Name of Corporation

DOCUMENT NUMBER: N22000007673

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:

LOVETTE DOBSON
Name of Contact Person

Firm/Company

17350 STATE HWY 249 #220
Address

HOUSTON TX 77064
City/State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( ) 8884623453
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

CR2E045 (04/13)

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

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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: SIGMA IOTA PHI INC

2. The principal office address: 1701 N LOIS AVE UNIT 301 TAMPA, FL 33607

3. The mailing address (if different): 1701 N LOIS AVE UNIT 301 TAMPA, FL 33607

4. Date of incorporation/qualification: 05/24/2022 Document number: N22000007673

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)

LEGALINC CORPORATE SERVICES INC.

476 RIVERSIDE AVE.

JACKSONVILLE, FL 32202

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

Joseph Deangelo

1701 N Lois Ave Unit 448

P.O. Box NOT acceptable

Tampa, FL 33607

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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.

Joseph Deangelo
Signature of an officer or director

Joseph Deangelo - 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.

Joseph Deangelo
Signature of Registered Agent

06/05/23
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

CR2E085 (04/13)

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