

P60000023092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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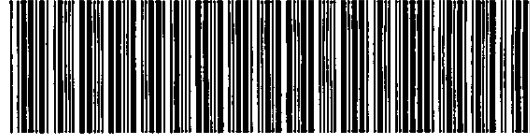
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 05 2016

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Design Wonders By Mary Ann  
Name of Corporation

**DOCUMENT NUMBER:** P000000 23092

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:

MARYANN Sisto  
Name of Contact Person

Design Wonders By Mary Ann  
Firm/Company

2825 N.W. 79th Ave  
Address

MARGATE, FL 33063  
City/State and Zip Code

MARYANN@DESIGNWONDERS.BYMARYANN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARYANN Sisto at (954) 873-2555  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Design WONDERS by MARYANN
2. The principal office address: 2825 N.W. 79th Ave  
MARGATE, FL 33063
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/28/2000 Document number: P00000023092
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)

TOM ANSBRO  
6529 NW 103rd Terrace  
PARKLAND, FLA 33063

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

ANTHONY SISTO  
2825 N.W. 79th Ave  
MARGATE, FL 33063

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.

Maryann Sisto  
Signature of an officer or director

MARYANN Sisto  
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.

Anthony Sisto  
Signature of Registered Agent

12/21/15  
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 (03/12)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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