

P000 000 90832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

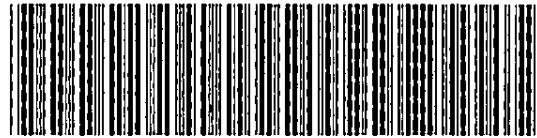
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000335470270

10/21/19--01035--024 \*\*35.00

STATE OF CALIFORNIA  
FILING OFFICE

19 OCT 21 AM 9:23

FILED

NOV 1 2 2019

T SCHROEDER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stuart Operating Corp.  
Name of Corporation

**DOCUMENT NUMBER:** P00000090832

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:

Joseph G. Ficocello  
Name of Contact Person

Stuart Operating Corp.  
Firm/Company

3553 SW Corporate Parkway  
Address

Palm City, FL 34990  
City/State and Zip Code

JgFicocello@ephcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph G. Ficocello at (772) 464-5911  
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: Stuart Operating Corp

2. The principal office address: 3553 SW Corporate Parkway Palm City, Florida 34990

3. The mailing address (if different): same

4. Date of incorporation/qualification: 09/26/2000 Document number: P00000090832

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)

Joseph G. Ficocello
7250 Oleander Avenue
Port St Lucie, Florida 34952

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

Joseph G. Ficocello
3553 SW Corporate Parkway
Palm City, Florida 34990
P.O. Box NOT acceptable

FILED
19 OCT 21 AM 9:23
STATE DEPARTMENT OF REVENUE

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

Joseph G. Ficocello, President, 10/14/19
Printed or typed name and title

Thereby 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

Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*