PO100000 2803

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SECRELARY OF STATE

C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ron Iskowitz Rare Coins, Inc.

Name of Corporation

P01000002803

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:

Ron Iskowitz

Name of Contact Person

Ron Iskowitz Rare Coins, Inc.

Firm/Company

2678 Atamasco Lily Loop

Address

The Villages, Fl. 32163

City/State and Zip Code

mouse1777@gmail.com

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

For further information concerning this matter, please call:

Ron Iskowitz

at (727)612-4660
Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of ch	e provisions of sections 607.0502, 617.0 hange is submitted for a corporation org ler to change its registered office or reg	ganized under the laws of the S	tate of Florida
1. The name of	f the corporation: Ron Iskowitz Ra	are Coins, Inc.	
	al office address: 2678 Atamasco	Lily Loop	
Palm Ha	arbor, Fl. 32163		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 1/3/2001	Document number: P	01000002803
5. The name an	d street address of the current registered artment of State: (If resigned, enter resigned)	lagent and registered office on	
	Ron Iskowitz		
	1208 Playmoor Dr.		
	Palm Harbor, Fl. 34683		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registe	
	2678 Atamasco Lily Loop		E PER PAY 22 SECRETARIO TALLAHA
	P.O. Box NOT acceptable		AH.
	The Villages, Fl. 32163		<u> </u>
The street addre	ess of its registered office and the stree	t address of the business offic	e of its registered a con.
Such change wa	as authorized by resolution duly adopte ne board, or the comporation has been no	ed by its board of directors or lottlied in writing of the chang	by an officer 80
	N	Ron Iskowitz, Presi	
hereby accept further agree to	the appointment as registered agent are to comply with the provisions of all states my duties, and I am/familiar with and is document is being filed merely to refute the corporation has been notified	tutes relative to the proper an	v. d complete
/	VVV	5/20/2019	
/	nature of Registered Agent	Date	
f signing on beh	nalf of an entity:		
Tvi	ped or Printed Name		
-21	* * * FILING FE	E: \$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)