POI 0000 50718

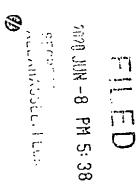
(Requestor's Na	me)			
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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: 2238 N.W. 86th St. Inc.
Name of Corporation
DOCUMENT NUMBER: P01000050718
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:
Glenn R. Mee
Name of Contact Person
2238 N.W. 86th St. Inc.
Firm/Company
629 Cumberland Dr.
Address
Flagler Beach, FL 32136
City/State and Zip Code
gm@tmpfl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glenn R Mee at (954) 709-5018 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of Floirda istered agent, or both, in the State of Florida.	
	the corporation; 2238 N.W. 86th Stree		
2. The principal Flagler Beach,	office address: 629 Cumberland Dr.		
3. The mailing a			
4. Date of incoη	poration/qualification: 05/22/2001	Document number: P01000050718	
	d street address of the current registered rement of State: (If resigned, enter resigned)	agent and registered office on file with the med)	
	Siama, Shtomo		
	500 Bayview Dr. #430		
	Sunny Isle, FL 33160		7820 Str
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office	SECOLORIO SECULORIO SECOLORIO SECOLO
	Glenn R Mee		PH
	629 Cumberland Dr.	,	5: 38
P.O. Box NOT acceptable			
	Flagler Beach, FL 32136		
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its regist	tered agent,
Such change was authorized by the	as authorized by resolution duly adoption board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	· so
J		Glenn R Mee, President	
	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the oing filed merely to reflect a change in speen notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete p bligation of my position as registered agent the registered office address. I hereby confi ge.	performance t. Or, if this irm that the
7		6/2/2020	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	yped 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)