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TRANSMITTAL LETTER

Division of Corporations SUBJECT: STEPHEN J. SARTORE ARCHITECT P.A. (Name of corporation) DOCUMENT NUMBER: POZOOOO45/77 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: 57EPHEN J. SARTORE
(Name of person) STEPHEN J. SARTORE ARCHITECT P.A.
(Name of firm/company) 2206 JO-AN DRIVE, #4
(Address) SARASOTA, FL. 3423/ (City/state and zip code) For further information concerning this matter, please call: at (94) 8/2-55/0 (MOBILE)
(Area code & daytime telephone number) STEPHEN J. SARTORE
(Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street Mailing Address: Amendment Section Division of Corporations

Tallahassee, FL 32399

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

Pursuant to th	e provisions of s	ections 607.	0502, 617.0	0502, 607.150	8, or 617.15	08, Florida Statutes,
this statement of FLORIDA	of change is subm in order	-	_	_	•	f the State of or both, in the State
of Florida.		ET- 01/E	A/ T =	CADTORE	APCISIT	ECT DI
	the corporation:					CCI I.A. Sign
2. The principa	al office address:	2206	TO-AN D	RIVE, #4	,, -, 	ţń.
		SARASO	OTA, FL	ORIDA 3	34231	
3. The mailing	address (if differ	ent):				
4. Date of inco	rporation/qualific	ation: APR	16 19,2	002 Docum	ent number:	P0200004517
	nd street address of artment of State:	of the current	registered:	agent and regi	stered office	on file with the
	STEPHEN	J. SAR	TORE			
	5993 RA	CHELE I	DRIVE			
	SARASOTA			1243		
6. The name a changed):			registered	agent (if char	ged) and /or	registered office (if
- '	NORA A			 		****
	2206 J	O-AN D	RIVE, #	4		
						
	SARAS07					-
						fice of its registered
Such change wanthorized by	as authorized by	resolution of corporation				or by an officer so inge.
(Signapure of an other		man of the board)				PRESIDENT
I hereby accept a further agree performance of registered age office address.	it the appointment to comply with if fmy duties, and nt. Or, if this do I hereby confirm	it as register he provision I am familia cument is be i that the coi	ed agent and is of all state in with and in its ing filed mar ing filed mar in poration h	id agree to act utes relative t accept the obl erely to reflect as been notifie	t in this capa to the proper gation of my a change in ed in writing	city, and complete position as the registered of this change.
nou	House	ノ ()		7/7/20	23	<u> </u>
If signing on beha	Signature of Registered . alf of an entity:	38cm₁)		•	(Date)	
	(Typed or Printed Name)				(Capacity)	
•	(1) hor or rettion rights)				(0-61)	

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