P04000023783

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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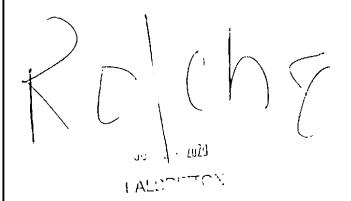
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COVER LETTER

TO:	Amendment Section Division of Corporations	a .
SUBJ Name	ECT: Largo Capital, Inc. of Corporation	
DOC	UMENT NUMBER: P04000023783	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	ereturn all correspondence concerning this	matter to the following:
-	Fitzgerald	
Name	of Contact Person	
_	Real Estate Advisors, Inc.	
Firm/	Company	
	North Forest Road	
Addre		
	ille, NY 14068	
City/S	State and Zip Code	
	mfitzgerald@largocapital.cor	
E-ma	il address: (to be used for future annual	report notification)
For fu	urther information concerning this matter, p	dease call:
Molly Fitzgerald		at (716) 204-2218 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations Amendment Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute inge is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> or to change its registered office or registered agent, or both, in the State of Florida	1
	the corporation: Largo Capital, Inc.	
2. The principal	office address: 1605 Main Street, Suite 1014, Sarusota FL 34236	
3. The mailing a	address (if different): 2420 North Forest Road, Getzville NY 14068	
4. Date of incorp	poration/qualification: 02/02/2004 Document number: P04000023783	
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Gary J. Coscia	
	1605 Main Street, Suite 1014	
	Sarasota, Fl. 34236	202
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2020 1 1.5
	Gary J. Coscia	E
	214 South Park Avenue, Suite B	1 8: 50
	P O Box NOT acceptable Winter Park, FL 32789	50
The street addreas changed will	ess of its registered office and the street address of the business office of its regi	stered agent.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	er so
	Gary J. Coscia, President	
I hereby accept I jurther agree of my duties, ar document is be	Printed or typed name and title the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to fam familiar with and accept the obligation of my position as registered age tipe filed merely to reflect a change in the registered office address, I hereby con y been notified in writing of this change.	nt 'Or if this
1	19/C/V u19130X0	
(chalf of an entity:	
7	yped or Printed Name	

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