

P04000074365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sacco Realty & Associates, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000074365

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:

Toni Sacco
Name of Contact Person

Sacco Realty & Associates, Inc.
Firm/Company

1030 Scenic Gulf Dr. - Unit 2C
Address

Miramar Beach, FL 32550
City/State and Zip Code

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

For further information concerning this matter, please call:

Toni Sacco at (321) 302-6570
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: Sacco Realty & Associates, Inc.
2. The principal office address: 1030 Scenic Gulf Dr. - Unit 2C
Miramar Beach, FL 32550
3. The mailing address (if different): P.O. Box 9014
Miramar Beach, FL 32550
4. Date of incorporation/qualification: 05/04/2004 Document number: PO4000074365
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)

Toni Sacco

5201 Ocean Beach Blvd. - Unit 1

Cocoa Beach, FL 32931

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

1030 Scenic Gulf Dr. - Unit 2C

P.O. Box NOT acceptable

Miramar Beach, FL 32550

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.

Toni Sacco

Signature of an officer or director

Toni Sacco/President

Printed or typed name and title

I hereby 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.

Toni Sacco

Signature of Registered Agent

5/01/2011

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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11 MAY -6 PM 12:02
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TALLAHASSEE FLORIDA