

P06 0000 69853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

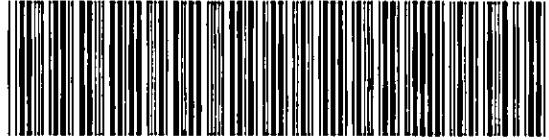
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Solita's Comfort, Inc  
Name of Corporation

DOCUMENT NUMBER: P06000069853

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:

Sam-Eng Kim

Name of Contact Person

Solita's Comfort, Inc

Firm/Company

12195 SE 135th Ave.

Address

Ocklawaha, FL 32179

City/State and Zip Code

sengent12@yahoo.com daracheekim@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam-Eng Kim at (386) 956-8749  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Solita's Comfort, Inc
2. The principal office address: 12195 SE 135th Ave., Ocklawaha, FL 32179
3. The mailing address (if different): PO Box 877, Ocklawaha, FL. 32183
4. Date of incorporation/qualification: 05/17/2006 Document number: P06000069853
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)

Linda Dunham

5507 SE 111th Street

Belleview, FL 34420

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

Joseph C. Russo, Esq

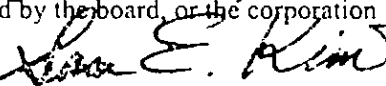
3708 West Euclid Ave

P.O. Box NOT acceptable

Tampa, FL 33629

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.

  
Signature of an officer or director

Sam-Eng Kim, 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.*

  
Signature of Registered Agent

11/4/2020  
Date

If signing on behalf of an entity:

Joseph C. Russo

Typed 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

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