

PO6000082943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

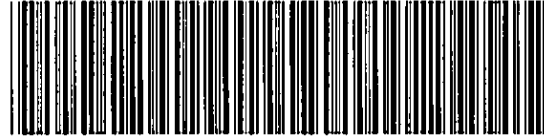
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Arnecta Investments, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000082943

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:

Arnold Fried

Name of Contact Person

Arnecta Investments, Inc.

Firm/Company

12926 SW Lake Fern Circle

Address

Port St. Lucie, Fl. 34987

City/State and Zip Code

arniefried@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnie Fried

at (954) 295-2973  
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 2006 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Arnecta Investments, Inc
2. The principal office address: 12926 SW Lake Fern Circle, Port St. Lucie, FL, 34987
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/16/2006 Document number: P06000082943
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)

600 W. Las Olas Blvd.

Apt. 708

Fort Lauderdale, FL 33312

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

Anita Fried

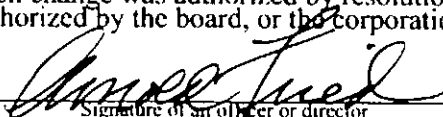
12926 SW Lake Fern Circle

P.O. Box NOT acceptable

Port Saint Lucie, FL, 34987

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

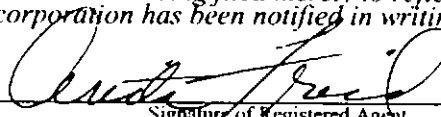
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Arnold Fried, 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

01/22/2021

Date

If signing on behalf of an entity:

Anita Fried

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  
CR2E045 (04/13)

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