P06000127587

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COVER LETTER

TO:	Amendment Section Division of Corporations	*
SUBJ	ECT: The Costello Center, Inc.	
Name	of Corporation	
DOC.	UMENT NUMBER: P06000127587	
The e	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Kim E	. Costello	
Name	of Contact Person	
	Costello Center, Inc.	
	Company	
8081	38th Avenue North	
Addre	SS	
Saint	Petersburg, FL 33710	
City/S	State and Zip Code	
	kimco0715@gmail.com	
E-ma	il address: (to be used for future annua	l report notification)
For fi	orther information concerning this matter,	please call:
Kim E	E. Costello	at (727)345-2667
	Name of Contact Person	at (727)345-2667 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	1.O. DOX 0327	The Cellife of Fallanassee

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of char	age is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
1. The name of the	The Costello Center, In	c.	
2. The principal of	office address: 8081 38th Avenue North	n, Saint Petersburg, FL 33710	
_	ddress (if different):		
4. Date of incorp	oration/qualification: 10/05/2006	Document number: P06000127587	
	street address of the current registered ament of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	Kim E. Costello		
	12240 2nd Street East		
	St. Petersburg, FL 33706		
6. The name and (if changed):		ent (if changed) and /or registered office	2
	Kim E. Costello		2020 JUI.
	8081 38th Avenue North	ox NOT acceptable	Jul.
	Saint Petersburg, Florida 33710	·	9
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the business office of its registered a	agent. 포
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or by an officer so. otified in writing of the change.	91
Signatur	e of an officer or assector	Kim E. Costello Printed or typed name and title	 "
I jurther agree to of my duties, an document is bei	d Lam familiar with and accept the ab	tutes relative to the proper and complete perfor- ligation of my position as registered agent. Or, he registered office address, I hereby confirm th	II Inis
rum	t (oscillo	6/30/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	vped 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)