

P07000 019 334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

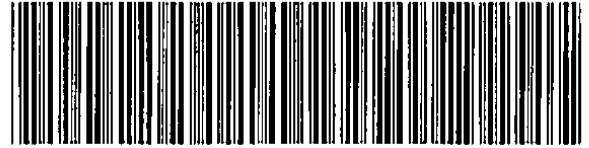
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C. GOLDEN

AUG 12 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sons of Italy Marble & Tile Restoration Inc.
Name of Corporation

DOCUMENT NUMBER: P070000219334

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:

Michael Cancelosa
Name of Contact Person

Sons of Italy Marble & Tile Restoration Inc
Firm/Company

610 9th St NW
Address

NAPLES FL 34120
City/State and Zip Code

1/cancelosa@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cancelosa at (239) 682-5347
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: Sons of Italy Marble & Tile Restoration Inc
2. The principal office address: 3635 54th Ave NE, Naples FL 34120
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/12/07 Document number: P07000019334

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)

Vince G. Cancelosa
610 9th St NW
NAPLES FL 34120

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

Michael G. Cancelosa
3635 54th Ave NE
NAPLES FL 34120

P.O. Box NOT acceptable

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.

Michael G. Cancelosa
Signature of an officer or director

Michael G. Cancelosa
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.

Michael G. Cancelosa
Signature of Registered Agent

7/31/19
Date

If signing on behalf of an entity:

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