## P0700063118

-	(Requestor's Name)	<del></del>	
	(Address)		
	(Áddress)		
	(City/State/Zip/Phone #)		
PICK-U	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
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R. WHILE



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

 $_{
m SUBJECT}$  LUDOVICI BUILDING SIX, INC

Name of Corporation

DOCUMENT NUMBER, P07000063118

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:

**EDWARD P. LUDOVICI** 

Name of Contact Person

LUDOVICI & LUDOVICI, PA

Firm/Company

9000 SW 152 STREET, SUITE 106

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

alex@ludovici-law.com

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

For further information concerning this matter, please call:

EDWARD P. LUDOVICI

,,305

235-8720

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	ized under the laws of the State of FLO	ORIDA	
	r to change its registered office or registe	•	ida.	
1. The name of	the corporation: LUDOVICI BUILD	ING SIA, INC.		
	office address: 9000 SW 152 STR	REEL, SUITE 106		
	TO BAY, FL 33157			
3. The mailing a	address (if different): SAME		· · · · · · · · · · · · · · · · · · ·	
4. Date of incorporation/qualification: 5/25/07 Document number: P070			63118	
	I street address of the current registered a rtment of State: (If resigned, enter resigne		he	
	EDWARD P. LUDOVICI			
	17415 SOUTH DIXIE HIGHW	VAY	7.5. <b></b>	
	PALMETTO BAY, FL 33157		10 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*·
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	7 25 M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SAME	<del></del>		•
	9000 SW 152 STREET, SUIT		्र ज	
	P.O. Box NOT PALMETTO BAY, FL 33157	•		
TT		· · ·		
as changed will	ess of its registered office and the street be identical.	address of the business office of its re	gistered agent,	
Such change was authorized by the	as authorized by resolution duly adopted board, or the orperation has been not	by its board of directors or by an officified in writing of the change.	cer so	
Mu	ul free.	EDWARD P. LUDOVICI, PRI	ESIDENT	
I herehv accent	the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity. utes relative to the proper and comple ccept the obligation of my position as ect a change in the registered office ac n writing of this change.	te registered ddress, I	
Colu	nel Shree"	10/20/16		
_	nature of Registered Agent	Date	···	
If signing on be	half of an entity:			
	P. LUDOVICI			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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