## P0900014506

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(5)	usiness Entity Na	me)			
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Special Instructions to	Filing Officer:				
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SCONCIASSECTIONS.



## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: Berardi Sales & Marketing Inc  Name of Corporation	_					
DOCUMENT NUMBER: P0900044506						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted f	or filing.					
Please return all correspondence concerning this matter to the following:						
Stephen Berardi Name of Contact Person						
Name of Contact Person						
Berardi Sales & Marketing						
Firm/Company	······					
4400 West Spruce Street, #235 Address						
Address Magazinan 4.0 %						
Tampa, FL 33607  City/State and Zip Code						
Tampa, FL 33607						
City/State and Zip Code						
stephen_berardi@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Stephen Berardi at ( 813 )  Name of Contact Person Area Code & Daytime T	785-6948					
Name of Contact Person Area Code & Daytime T	elephone 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

## Supplied to the supplied of th STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat d agent, or both, in the State	e of Florida	
1. The name of	the corporation: Berar	di Sales & Ma	arketing Toc		
2. The principal	office address: 4400 V	Vest Spruce Str	eet, #235, Tampa, FL	33607	
3. The mailing a	address (if different): Sa	me			
4. Date of incorp	poration/qualification:	5/18/2009	Document number:	P09000	0044506
	d street address of the cur rtment of State: (If resign		nt and registered office on fi	le with the	
·	Stephen Berardi		<del>-,- ,- ,</del>	<u></u>	r gold Charles on ——A
	9200 Bonita Beach Road, Suite 202				S O S
	Bonita Springs, FL	34135			F 30
6. The name and (if changed):	d street address of the nev	w registered agent (	if changed) and /or registere	ed office	) PM 3: 4( SEE FLOER
	· ·	Stroot #225		<del></del>	712
	4400 West Spruce	P.O. Box NOT ac	ceptable		
	Tampa, FL 33607				
The street addre	ess of its registered offic be identical.	e and the street ad	dress of the business office	of its regist	ered agent,
Such change wa authorized by th	as authorized by resolutine board, or the corporat	ion duly adopted b tion has been notifi	y its board of directors or be in writing of the change	by an officer	so
Signatur	re of an officer or director		Stephen Berard Printed or typed name	i - Preside	nt
I further agrée i of my duties, an document la bei	the appointment as regi to comply with the provi od I am familiar with and ng filed merely to reflect s been notified in writing	isions of all statute d accept the obliga t a change in the r	igree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	y. d complete p stered agent hereby confi	performance . Or, if this irm that the
The state of			9/28/20	110	
	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Ty	yped or Printed Name				

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