P10 0000046740

(Re	questor's Name)			
(Ad	dress)			
	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

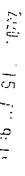
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JUL 1 C 2020



COVER LETTER

TO:	Amendment Section Division of Corporations	•
	•	
CHID IE	ECT: GINO'S STRONG, INC.	
Name of	of Corporation	
DOCU	MENT NUMBER: P10000046740	
The end	closed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
GEORG	GE MANTZIDIS	
Name o	of Contact Person	
Firm/C	ompany	
5150 Ta	amiami Trail North, Ste 503	
Addres	S	
Naples,	, F1. 34103	
City/Sta	ate and Zip Code	-
	george@gmanlaw.com	
E-mail	address: (to be used for future annua	l report notification)
For fur	ther information concerning this matter,	please call:
George	Mantzidis	at (239) 438-4609 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	
		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{ F }{2}$ are to change its registered office or registered agent, or both, in the State of Flance	orida
I. The name of	the corporation: GINO'S STRONG, INC.	
	office address: 14685 Beaufort Circle, Naples, FL 34119	
3. The mailing a	address (if different): N/A	
4. Date of incorporation/qualification: 6/2/2010 Document number: P1000004		740
	I street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	ı the
	GEORGE MANTZIDIS	
	1185 Immokalee Road, Ste 110	
	Naples, FL 34110	Ž1120 .
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	ce
	GEORGE MANTZIDIS	<u>ন</u>
	5150 Tamiami Trail North, Ste 503	. 7:
	P.O. Bux NOT acceptable	9: -
	Naples, FL 34103	10
	ess of its registered office and the street address of the business office of its be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one-board, or the corporation has been notified in writing of the change.	fficer so
CALL.	Luigi Campo basso of ficer Printed or typed name and title	
		:
l further agrée : of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compoint I am familiar with and accept the obligation of my position as registered in giled merely to reflect a change in the registered office address. I hereby seen notified in writing of this change.	lete performance agent. Or, if this confirm that the
<u> </u>	Man (12/2020)	
	chalf of an entity:	
	yped or Printed Name	

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