P10000057264

(Re	questor's Name)	-
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2025 FEB 10 AM 10: 22

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2025 FEB 10 NATE: 12

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	Ο.	:	120000000	195
REFERENC	CE	:	934880	84

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: January 30, 2025

ORDER TIME : 10:42 AM

ORDER NO. : 934880-011

CUSTOMER NO: 8470073

CHANGE OF AGENT

NAME: ROSELLI PROPERTIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

70073

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the	State of FL			
	he corporation: ROSELLI PROPERTIE	•	There is a second of the secon			
2. The principal			06			
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 07/12/2010	Document number:	P10000057264			
	street address of the current registered a tment of State: (If resigned, enter resigne		on file with the			
	ROSELLI & ASSOCIATES, P.A.		2025 FEB			
	3471 N. FEDERAL HIGHWAY SUITE 600					
	FORT LAUDERDALE	FL 3330	5 FEB 10			
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or reg	istered office LORID: 22			
	Corporation Service Company		On N			
	1201 Hays Street					
	P.O. Bo	NOT acceptable FL 3230°	1			
The street addre	ss of its registered office and the street be identical.	address of the business of	office of its registered agent.			
Such change wa authorized by th	s authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors stiffed in writing of the ch	s or by an officer so nange.			
/S/ Robert M Roselli		_	Robert M Roselli, Authorized Person			
Signature of an officer or director		Printed or typed name and title				
I further agrée t of my duties, and document is bein corporation has	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change. n Service Company	utes relative to the prope igation of my position as we registered office addre.	r and complete performance			
By: Drace		01/30/2025				
Sign	nature of Registered Agent	Da	le			
If signing on bel	half of an entity:					
	Asst. Vice President					
ıy	ped or Printed Name * * * FILING FF	EE: \$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)