P11000020255

(Requestor's N	ame)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WA	IT MAIL					
(Business Enti	ty Name)					
(Document Number)						
Certified Copies Certi	ficates of Status					
Special Instructions to Filing Officer:						

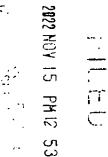
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11/15/22--01091--003 **85.00



A. RAMSEY FEB 1 0 2023

> A. RAMSEY FEB 1 0 2023

COVER LETTER

TO:	Amendment Section Division of Corporations	•					
SUBJ	ECT: POTILLO PRODUCTIONS, INC of Corporation						
Name	of Corporation						
DOCU	JMENT NUMBER: P11000020255						
The er	iclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
	T J MYERS						
Name	of Contact Person						
MYER	S & COMPANY						
Firm/C	Company						
2523 S	TICKNEY POINT ROAD						
Addres	ss						
SARA:	SOTA, FL 34231						
City/S	tate and Zip Code						
	brent@myersandcompanycpa.c	rom					
E-mail address: (to be used for future annual report notification)							
For fur	ther information concerning this matter, pl	ease call:					
BREN	Γ J MYERS	at (941)923-4085 Area Code & Daytime Telephone Number					
	Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address:	Street Address:					

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
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, 61 nge is submitted for a corporation r to change its registered office or	organize	d under the laws of the State o	FLORIDA	
	he corporation: POTILLO PRODU				
	ne corporation:				
3. The mailing a	ddress (if different):				
4. Date of incorp					
5. The name and	street address of the current regist trnent of State: (If resigned, enter r	tered ager			
	MICHAEL POTILLO	_		<u></u>	
	689 REGATTA WAY			2822	
	BRADE4NTON, FL 34208			2822 NOV 15	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered	office 27 PH	
	MICHAEL POTILLO				
	4501 MANATEE AVE WEST STE 113				
		P.O. Box N	OT acceptable		
	BRADENTON, FL 34209				
The street address changed will	ess of its registered office and the be identical.	street ad	dress of the business office of	its registered agent,	
Such change wa authorized by th	is authorized by resolution duly a board, or the corporation has be	dopted b een notifi	y its board of directors or by a led in writing of the change.	an officer so	
1 2/1	The still	ĺ	PRESIDENT		
Signatu	re of an officer or director	-	Printed or typed name and	d title	
I furthér agrée i of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ill statute he obliga e in the r	s relative to the proper and co tion of my position as registe	rea avent. Or. ii inis -	
11-05-2022					
Sig	nature of Registered Agent	-	Date		
If signing on be	half of an entity:				
Michael P	While Name	-			

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