

P11000041897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALLEA CONSULTING INC
Name of Corporation

DOCUMENT NUMBER: P11000041897

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:

SANFORD L. MUCHNICK, ESQ.
Name of Contact Person

SANFORD L. MUCHNICK, PA
Firm/Company

3864 SHERIDAN STREET
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

tcpicchio@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanford L. Muchnick, Esq. at (954) 744-2105
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- HOLLYWOOD, FL 33021

Printed or typed name and title

Date _____

CR2E045 (8/05)

Change of Address

► Please type or print.

OMB No. 1545-1163

► See instructions on back. ► Do not attach this form to your return.

Before you begin: If you are changing both your home and business address, use a separate Form 8822 to report each change.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
► For Forms 706 and 706-NA, enter the decedent's name and social security number below.
► Decedent's name _____ ► Social security number _____

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5a Your prior name. See instructions.

5b Spouse's prior name. See instructions.

6a Old address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

6b Spouse's old address, if different from line 6a (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

7 New address (no., street, apt no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

- 8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 ☒ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 ☒ Business location

11a Business name

11b Employer identification number

CALLEA CONSULTING INC

45-2102435

12 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

3113 STIRLING ROAD, #102, HOLLYWOOD, FL 33312

13 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

3864 SHERIDAN STREET, HOLLYWOOD, FL 33021

9/0 S. L. Muchnick

14 New business location, if different from mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, see instructions.

SAME AS MAILING NEW MAILING ADDRESS

Part III Signature

Daytime telephone number of person to contact (optional) ►

954-744-2105

Sign
Here

Antonio Callea 10-17-11
Your signature Date

If joint return, spouse's signature Date

Antonio Callea 10-17-11
If Part II completed, signature of owner, officer, or representative Date

PRESIDENT/SECRETARY

Title