P11000093482

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
Certified Copies Certificates of Status					

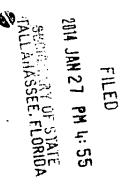
Office Use Only



700255270067

PA dddress

01/27/14--01018--015 **35.00



00/2/14

COVER LETTER

TO:	Amendment Section Division of Corporations			
	Melissa Sanniota Marketing and Management, Inc			
SUBJ	ECT:Name of Corporation			
	P11000093482			
DOC	JMENT NUMBER:			
The e	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Melissa R. Sanniota			
Name of Contact Person				
	Melissa Sanniota Marketing and Management, Inc			
	Firm/Company			
	10080 SW CICERO LANE			
	Address			
	PORT SAINT LUCIE, FL 34986			
	City/State and Zip Code			
	msanniota@gmail.com			
	E-mail address: (to be used for future annual report notification)			
	rther information concerning this matter, please call:			
Meli	ssa Sanniota 772 370-9834 at ()			
	Name of Contact Person Area Code & Daytime Telephone Number			
Enclo	sed is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Street Address: Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building			
,	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

TO:

1	BOTH FOR COR	RPORATIONS	
statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the laws of the State of $_$	-lorida
in orde	r to change its registered office or regist		
1. The name of t	the corporation:	arketing and Management, In	
2. The principal	office address:	ane, Port Saint Lucie, FL 3498	36
3. The mailing a	address (if different):	•	
4. Date of incorp	10/20/2011 poration/qualification:	Document number: P11000	0093482
	d street address of the current registered a rtment of State: (If resigned, enter resigned Melissa R Sanniota	-	th the 2014 JAN 27
	14 Harbour Isle Drive West Unit	306	N 27
	Hutchinson Island, FL 34949		ED PR
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered off	PM 4: 55
	10080 SW Cicero Lane		
	Port Saint Lucie, FL 34986		
·	P.O. Box NOT	「acceptable	
The street addre	ess of its registered office and the street be identical.	address of the business office of its	s registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	I by its board of directors or by an outfied in writing of the change.	officer so
Signatu	re of an office or director	Melissa R. Sanniota - Presi	•
I further garee i	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i	utes relative to the proper and com	plete as registered e address, I
W	De of 8	01/20/2014	
Sign	nature of Registered Agent	Date	· · · · ·
If signing on be	half of an entity:		
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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