

P12000024952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

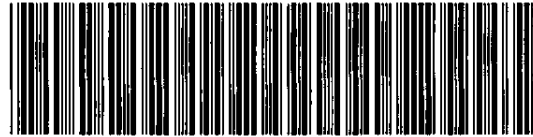
(Business Entity Name)

(Document Number)

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T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABRUZZO CORPORATION
Name of Corporation

DOCUMENT NUMBER: P12000024952

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:

JAIME REYES

Name of Contact Person

GNOSIS PROFESSIONAL SERVICES LLC

Firm/Company

5201 BLUE LAGOON DR. 9TH FLOOR (gnosis)

Address

MIAMI FLORIDA, 33126

City/State and Zip Code

gnosisllc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME REYES

Name of Contact Person

at (**786**) **358-5578**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2012

JAIME REYES
GNOSIS PROFESSIONAL SERVICES LLC
5201 BLUE LAGOON DR. 9TH FLOOR
MIAMI, FL 33126

SUBJECT: ABRUZZO CORPORATION
Ref. Number: P12000024952

We have received your document for ABRUZZO CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 212A00022884

RECEIVED
12 SEP 24 AM 9:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABRUZZO CORPORATION
2. The principal office address: 5201 BLUE LAGOON DRIVE 9TH FLOOR (gnosis)
MIAMI - FLORIDA, 33126
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 03/13/2012 Document number: P12000024952

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

WALTER A. INFANTE

561 RACQUET CLUB ROAD 24

WESTON, FLORIDA, 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAIME REYES

5201 BLUE LAGOON DRIVE, 9TH FLOOR (gnosis)

P.O. Box NOT acceptable

MIAMI, FLORIDA, 33126

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Rita De Vecchis
Signature of an officer or director

Rita de Vecchis - President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

09/18/2012

Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name

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