

P120000 70870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

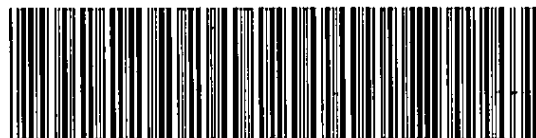
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 28 PM 4:40

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SEP 10 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rossi Development Group Inc
Name of Corporation

DOCUMENT NUMBER: P12000070870

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:

Andrea Rossi

Name of Contact Person

Rossi Development Group Inc

Firm/Company

100 Wallace Ave. - suite 240

Address

Sarasota - FL - 34237

City/State and Zip Code

andrealuigirossi@gmail.com

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

For further information concerning this matter, please call:

Andrea Rossi

Name of Contact Person

at (941) 8949796

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

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

1. The name of the corporation: ROSSI DEVELOPMENT GROUP INC
2. The principal office address: 32 S OSPREY AVE - SUITE 203 - SARASOTA - FL -34236
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/16/2012 Document number: P12000070870

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)

ROSSI ANDREA

32 S OSPREY AVE - SUITE 203

SARASOTA - FL - 34236

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

ANDREA ROSSI

100 WALLACE AVE - SUITE 240

P.O. Box NOT acceptable

SARASOTA - FL - 34237

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.

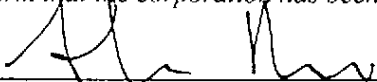


Signature of an officer or director

ROSSI ANDREA

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 of Registered Agent

08/25/2019

Date

If signing on behalf of an entity:

ROSSI ANDREA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

2019 AUG 28 PM 4:40

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