

P/200008581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

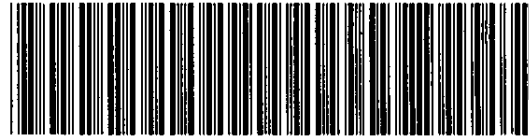
(Business Entity Name)

(Document Number)

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14 AUG 14 PM 4: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMIEUX

AUG 21 2015

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ART BY CALVO  
Name of Corporation

DOCUMENT NUMBER: P12000084581

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:

WILLIAM CALVO  
Name of Contact Person

ART BY CALVO  
Firm/Company

8323 LAKE DRIVE W 406  
Address


DORAL, FL. 33166  
City/State and Zip Code

CALVOARTSCULPTOR@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM CALVO at ( 561 ) 718-5577  
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

**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: ART BY CALVO
2. The principal office address: 8323 LAKE DRIVE # 406  
DORAL, FL 33166
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/5/12 Document number: P 120000 84581
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)

WILLIAM CALVO  
9300 NW 13 ST #101  
MIAMI, FL 33172

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

WILLIAM CALVO  
8323 LAKE DRIVE # 406  
DORAL, FL 33166

P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

WILLIAM CALVO  
\_\_\_\_\_  
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

7/1/14  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

WILLIAM CALVO  
8323 Lake Drive Apt 403  
Doral FL 33166

1112

63-643/870  
BRANCH 00853

August 11 / 14

Date

Pay to the  
Order of

Department of State

\$35.00

THIRTEEN FIVE 00/100 -

Dollars



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WACHOVIA

Wachovia Bank, a division of Wells Fargo Bank, N.A.

Document Number P12000084581  
For Address Change Atty CALVO

0670064321010195518001112

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