

P12000092855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS  
NOV 02 2021

Office Use Only



800374012568

10/21/21--01009--003 \*\*35.00

FILED  
2021 OCT 21 AM 10:23  
SECRET  
1211

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SURF-BAL-BAY PAINTING PLUS, INC  
Name of Corporation

**DOCUMENT NUMBER:** P12000092855

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:

ERIC J DONATI

Name of Contact Person

SURF-BAL-BAY PAINTING PLUS, INC

Firm/Company

1080 94 STREET #601

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

TUBORG2323@GMAIL.COM

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

For further information concerning this matter, please call:

ERIC J DONATI

Name of Contact Person

at ( 786 ) 253-2464

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: SURF-BAL-BAY PAINTING PLUS, INC.  
2. The principal office address: 1080 94 STREET #601, BAY HARBOR ISLANDS, FL 33154

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 11/06/2012 Document number: P12000092855

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)

DONNA M DELGADO, ESQUIRE

19 WEST FLAGLER STREET #406

MIAMI FLORIDA 33130

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

DONNA M DELGADO, ESQUIRE

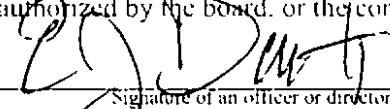
66 WEST FLAGLER STREET SUITE 900

P.O. Box NOT acceptable

MIAMI FL 33130

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

ERIC J DONATI

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

10/01/2021

Date

If signing on behalf of an entity:

DONNA M DELGADO

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)