P12000102U56

(Requestor's Name) (Address)	300411667673
	HATHAM 07/10/2301026007 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2023 JUL 10 PH 1:
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: TORELLI'S REMODELINGG INC of Corporation	· · · · · ·
DOCU	UMENT NUMBER: P12000102056	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
ROBE	ERT FERRAR()	
Name	of Contact Person	
лссо	DUNTING TAXES & MORE INC	
Firm/0	Company	
1710 N	N HERCULES AVE STE 104	
Addre	SSS	
CLEA	RWATER, FL 33765	
City/S	state and Zip Code	**************************************
	BOBBYATORELLI@GMAI	IL.COM
E-mai	il address: (to be used for future annual	l report notification)
For fu	orther information concerning this matter, p	please call:
ROBE	ERT FERRARO	at (727)449.9994 Area Code & Daytime Telephone Number
	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	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of change is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of FLORIDA
	r registered agent, or both, in the State of Florida.
1. The name of the corporation: TORELLI'S REM	ODELING INC
2. The principal office address: 1006 APACHE TR CLEARWATER, FL 33755 US	AIL
3. The mailing address (if different): SAME	
Date of incorporation/qualification: 12/17/2012 Document number: P12000102056	
5. The name and street address of the current regist Florida Department of State: (If resigned, enter	stered agent and registered office on file with the
ACCOUNTING TAXES AND MO	ORE INC
1710 N HERCULES AVE STE 10	
CLEARWATER, FL 33765 US	
6. The name and street address of the new register (if changed):	red agent (if changed) and /or registered office
ROBERT TORELLI	
1006 APACHE TRAIL	
	P.O. Box NOT acceptable
CLEARWATER FL 33765 US	
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has been such as the corporation of the corporation has been such as the corporation of the corporation and the corporation has been such as the corporation of the corpor	adopted by its board of directors or by an officer so been notified in writing of the change.
At-	ROBERT TORELLI. PRESIDENT
Signature of amofficer or director	Printed or typed name and title
I hereby accept the appointment as registered a I further agree to comply with the provisions of of my duties, and I am familiar with and accept document is being filed merely to reflect a chang corporation has been notified in writing of this constant.	all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the
	JULY 7, 2023
Signature of Registered Agent	Date
If signing on behalf of an entity:	
ROBERT TORELLI	_
Typed 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 * * *