## P130000 12118

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## **COVER LETTER**

Division of Corporations
SUBJECT: SOUTHERN LANE INC  Name of Corporation
DOCUMENT NUMBER: P 130000 12118
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:
ANNA MANZIA PUSIO TTO  Name of Contact Person
SOUTHERN LANE INC Firm/Company
342 ANGLER DR. UNIT 1002
CICODLAND FL 34140  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANA MARIA PUGIOTTO at (239) 263 5046  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 #www.in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SOUTHERN LANE INC
2. The principal office address: 342 ANGLER DR, UNIT 1002
GCODLAND FL 34140
3. The mailing address (if different): PO BOX 518
GOODLAND FL 34140
4. Date of incorporation/qualification: $02/05/2013$ Document number: $91300012118$
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)
TACOPO TOUOT
2670 HOUSESHOE DV. N. #208
NAPIES FL 34104 P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
342 ANGLER DN, UNITIOOZ PO. Box NOT acceptable GOODLAND FL 34140
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  Signature of an officer or director  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 05/22/2019
Signature of Registered Agent  Date  Date
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 \* \* \*