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(Requestor's Name)

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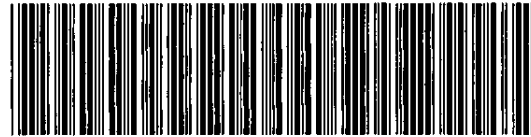
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 10550 NE 222 PL RD, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 46-2245085

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:

SANNA M ERONIMOUS

Name of Contact Person

10550 NE 222 PL RD, INC.

Firm/Company

10844 ANDERSON LANE

Address

LAKE WORTH, FL 33449

City/State and Zip Code

SANNAERONIMOUS@HOTMAIL.COM

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

For further information concerning this matter, please call:

SANNA ERONIMOUS

Name of Contact Person

at ( 561 ) 317-2207

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

