

P13 0000 80833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

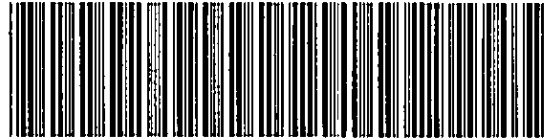
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:-** Amendment Section  
Division of Corporations

**SUBJECT:** Clermont Toyama Ryu. Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P13000080833

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:

Michael Soriero

Name of Contact Person

Clermont Toyama Ryu. Inc.

Firm/Company

19178 Sugarloaf Mountain Rd.

Address

Clermont, FL 34715

City/State and Zip Code

mike@stihlsc.com

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

For further information concerning this matter, please call:

Michael Soriero

Name of Contact Person

at ( 407 ) 375-6883

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: Clermont Toyama Ryu, Inc.
2. The principal office address: 19178 Sugarloaf Mountain Rd, Clermont, FL 34715
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/01/2013 Document number: P13000080833
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)

Junko Soriero

9737 Royal Vista Ave, Clermont, FL 34711

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

Juni Soriero

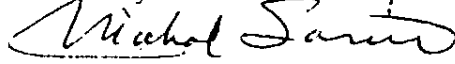
19178 Sugarloaf Mountain Rd, Clermont, FL 34715

P.O. Box NOT acceptable

Her first name has been changed to Juni Soriero. See attached documents.

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.

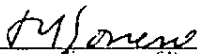


Signature of an officer or director

Michael Soriero, President

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

9/22/2022

Date

If signing on behalf of an entity:

Juni Soriero

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)