

P130000

84095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

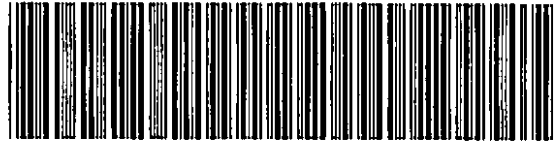
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SARANDREA ASSOCIATES GROUP CORP
Name of Corporation

DOCUMENT NUMBER: P13000084095

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:

Alejandro Sarandrea

Name of Contact Person
Sarandrea Associates Group Corp

Firm/Company
10208 NW 47th Street

Address
Sunrise, FL 33351

City/State and Zip Code
alex.sarandrea@sage.net

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

For further information concerning this matter, please call:

Alejandro Sarandrea at (305) 321-9701
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 AUG 11 11:12

DEPT. OF STATE
DIVISION OF CORPORATIONS

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: Sarandrea Associates Group Corp

2. The principal office address: 10208 NW 47th Street, Sunrise, FL 33351

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/2013 Document number: P13000084095

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)

Alejandro Sarandrea

10242 NW 47th Street, Suite 38

Sunrise, FL 33351

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

Same agent as above

New address: 10208 NW 47th Street

P.O. Box NOT acceptable

Sunrise, FL 33351

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.

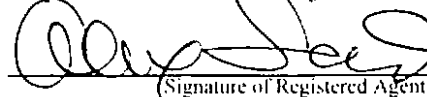


Signature of an officer or director

Alejandro Sarandrea, 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)

8/6/2020

Date

If signing on behalf of an entity:

Alejandro Sarandrea

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)

FILED
26 AUG 11 AM 11:29
TALLAHASSEE, FL
CLERK OF THE CIRCUIT COURT