## P13 0000 97065

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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FILED 2020 JUL 27 PM 12: 39 SECRETARY OF STAT

JQ 09/13/20

## **COVER LETTER**

*
Office/Agent and fee are submitted for filing.
matter to the following:
<del></del>
<del></del>
report notification)
lease call:
or (239 \ \458-1500
at (239 ) 458-1500  Area Code & Daytime Telephone Number
Department of State.
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee 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

1. The name of	the corporation: Old Glory Re	al Estate Com	pany Inc.		
2. The principal	office address: 12620 Eagle F	Road Cape Co	ral FL 33909		
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incor	. Date of incorporation/qualification: 12/02/2013 Document number: P13000097065				
	d street address of the current i rtment of State: (If resigned, e		t and registered office on file	e with the	
	Gregory J. Nussbickel, ESC	<b>)</b> .			
13450 Parker Commons BLVD suite 102					
	Fort Myers, FL 33912				
6. The name and (if changed):	d street address of the new reg	istered agent (i	f changed) and /or registered	2020 JUL 27 SEGRETAR	
	Michael Lombardo	<del></del>			
	12620 Eagle Road		;,, .,	SSE PRI	
	Cape Coral, FL 33909	P,O, BOX NO	) l'acceptable	PH 12: 40 SSEE, FL	
The street addr as changed wil	ess of its registered office and l be identical.	I the street add	lress of the business office of	• •	
Such change wauthorized/by/t	as authorized by resolution d he board, or the corporation h	uly adopted by nas been notifi	its board of directors or by ed in writing of the change.	an officer so	
1	1-1	ħ	Michael Lombardo P, S		
_	ire in officer or firector		Printed or typed name a	and title	
I further agree of my duties, a document is/be	t the appointment as registere to comply with the provision ad I am familiar with and acc ing filed merely to reflect a ci is been notified in writing of t	s of all statute: rept the obligat hange in the re	relative to the proper and tion of my position as regist	tered agent. Or, if this	
	1/-1	C	7/20/2020		
Sig	grature of Registered Agent		Date		
If signing on bo	ehalf of an entity:				
"!	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 \* \* \*