P1500000 2391

(Red	questor's Name)	
(Ada	dress)	
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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01/23/24--01020--015 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE Name o	CT: The Michelli Experience, Inc.		
DOCUI	MENT NUMBER: P15000002391		
The enc	closed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please r	return all correspondence concerning this	s matter to the following:	
Kelly Lo	ove		
Name o	of Contact Person		
Love &	Company CPAs, LLC		
Firm/Co	ompany		
2832 1st	t Ave N.		
Address	s		
St. Peter	rsburg, FL 33713		
City/Sta	ate and Zip Code	· <u></u>	
	Kelly.Love@Lovecpas.com		
E-mail	address: (to be used for future annua	l report notification)	
	`	•	
For furt	ther information concerning this matter,	please call:	
Kelly L	ove	328.2721	
	Name of Contact Person	at (727) 328.2721 Area Code & Daytime Telephone Number	
Enclose	ed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address:	
		Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	1 allallassee, 1 L 32317	Tallahassee, FL 32303	

CR2E045 (04/13)

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 617.150 statement of change is submitted for a corporation organized under the laws of the in order to change its registered office or registered agent, or both, in the	ne State of Florida
The name of the corporation: The Michelli Experience, Inc. The principal office address: 7780 49th St. N. #329	
Pinellas Park, FL 33781	·
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/1/2015 Document number	F. P15000002391
 The name and street address of the current registered agent and registered offic Florida Department of State: (If resigned, enter resigned) 	e on file with the
Resigned	7021
6. The name and street address of the new registered agent (if changed) and /or re (if changed):	gistered office
Kelly Love	
Love & Company CPAs, LLC	
P.O. Box NOT accepuble 2832 1st Ave N, St. Petersburg, FL 33713	
The street address of its registered office and the street address of the business as changed will be identical.	office of its registered agent,
Such change was authorized by resolution duly adopted by its board of director authorized by the board, or the corporation has been notified in writing of the country of an officer or director	-
I hereby accept the appointment as registered agent and agree to act in this call further agree to comply with the provisions of all statutes relative to the prop of my duties, and I am familiar with and accept the obligation of my position a document is being filed merely to reflect a change in the registered office addressorporation has been notified in writing of this change.	ed name and title pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
Signature offRegistered Agent D	8 1-2024 late
If signing on behalf of an entity:	
Kelly Love	
Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *