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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: martina@dartmouthinternational.com

STA
DEC 1 2019

REGISTERED AGENT CHANGE
HELLSTEN ESTATES INC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$43.75

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R/A [signature]

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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 Delaware FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: HELLSTEN ESTATES INC
- 2. The principal office address: 11618 Vinci Drive, Windermere, FL 34786
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/15/2015 Document number: P15000005135
- 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)

SILVA, ROY
2221 NE 164 St c/o Americana 371 N. Miami Beach, FL 33160

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

Registered Agents Inc.
7901 4th Street N, Ste 300
P O Box NOT acceptable
St. Petersburg FL 33702

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, of the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Antonio Carlos Fazio Junior/ Manager
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]
Signature of Registered Agent

12-11-2019
Date

If signing on behalf of an entity:

Registered Agents, Inc.
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
 CR2ED45 (04/13)

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