

P15 000036317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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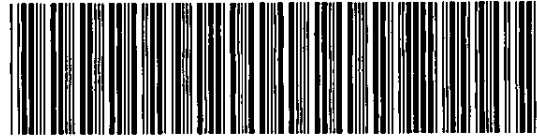
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*5/11/16*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANTORO & SANTORO ENTERPRISES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P15000036317

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:

Joe Gruters  
Name of Contact Person  
Gruters CPA  
Firm/Company  
242 S. Washington Blvd #241  
Address  
Sarasota, FL 34241  
City/State and Zip Code  
Joe@GrutersCPA.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Gruters at ( 941 ) 351-0751  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2016

JOE GRUTERS  
242 S. WASHINGTON BLVD., #241  
SARASOTA, FL 34241

SUBJECT: SANTORO & SANTORO ENTERPRISES, INC  
Ref. Number: P15000036317

We have received your document for SANTORO & SANTORO ENTERPRISES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 016A00008058

**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: SANTORO & SANTORO ENTERPRISES, INC
- 2. The principal office address: 139 SOUTH PEBBLE BEACH BLVD #SUITE 205  
SUN CITY CENTER, FL 33573
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 04/21/2015 Document number: P15000036317
- 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)

Resigned  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Joe Gruters  
242 S. Washington Blvd  
Sarasota, FL 34241  
P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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.

Victor Santoro  
Signature of an officer or director

Victor Santoro  
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.*

Joe Gruters  
Signature of Registered Agent

5/5/16  
Date

If signing on behalf of an entity:  
Joe Gruters  
Typed or Printed Name

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