## P15000039508

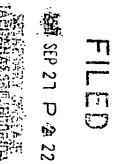
(Re	equestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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No

## **COVER LETTER**

SUBJECT: PUSSET DELL'ACTION Name of Corporation
DOCUMENT NUMBER: 150003556 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:
Elizabeth Read Pusser  Namic of Contact Person  Firm/Company
515 St Findreus Island IT
Vero Boach - 32967
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth

Name of Contact Person

at (203, 561, 9382)

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

TO:

Amendment Section 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PUSSET Management, Inc
2. The principal office address: 5115 ST Horneus Island DT 32967
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/2015 Document number: P15 3950
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)
Corporate Creations
11380 Prosperity deaths RCI #221E,
talm beach Surdens of 33410
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fladell Read TUSSET
P.O. Box NOT acceptable  P.O. Box Co.  P.O. Co.  P.O. Co.  P.O. Box NOT acceptable  P.O. Co.  P.O. Co.  P.O. Co.  P.O. Co.  P.O. Co.  P.O. Box NOT acceptable
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  Printed or typed name and title  O(1) N P
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 Date
If signing on behalf of an entity: E13 PSSC \$ 79/23/17
Typed or Printed Name  * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE NAME OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)