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REGISTERED AGENT CHANGE VINCENT FATTIZZI, P.A.

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7/2/2021 1:49:19 PM PAGE

1/001

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July 2, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VINCENT FATTIZZI, P.A. 17 SANDPIPER DRIVE ST. AUGUSTINE, FL 32080

SUBJECT: VINCENT FATTIZZI, P.A.

Page: 3 of 5

REF: P15000060579

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Valerie Herring Regulatory Specialist III FAX Aud. #: H21000256631 Letter Number: 921A00015265 To: 18506176380

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	VINCENT FATTIZZI, P.A.			
	Name of Corporation			
DOCL	MENT NUMBER:			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	CHEYENNE MOSELEY			
Name of Contact Person				
	LEGALZOOM.COM, INC.			
	Firm/Company			
	101 N BRAND BLVD., 11TH FLOOR			
	Address			
	GLENDALE, CA 91203			
	City/State and Zip Code			
	vincefattizzi@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
CHEY	/ENNE MOSELEY, LEGALZOOM.COM, INC. at (Name of Contact Person Area Code & Daytime Telephone Number			
Enclos	sed 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: 18506176380

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, statement of change is submitted for a corporation in order to change its registered office of		of			
1. The name of the corporation: VINCENT FAT	TIZZI, P.A.				
. The principal office address: 101 WOODLAKE COURT ST. AUGUSTINE, FL 32080					
3. The mailing address (if different):					
4. Date of incorporation/qualification: 07/16/20	Document number: P150	000060579			
5. The name and street address of the current reg Florida Department of State: (If resigned, ente		e with the			
COGENCY GLOBAL INC.					
115 NORTH CALHOUN ST	115 NORTH CALHOUN STREET SUITE 4				
TALLAHASSEE, FL 32301					
6. The name and street address of the new registe (if changed):	ered agent (if changed) and /or registered	d office			
UNITED STATES CORPOR	RATION AGENTS, INC.				
5575 S. Semoran Blvd. Suite 36 P.O. Box NOT acceptable Orlando, FL 32822					
P.O. Box NOT acceptable		2: 0 FE			
Orlando, FL 32822					
The street address of its registered office and thas changed will be identical.	ne street address of the business office of	of its registered agent,			
Such change was authorized by resolution duly authorized by the board, or the corporation has					
may tatte	Vincent Fattizzi, President				
I hereby accept the appointment as registered a further agree to comply with the provisions of performance of my duties, and I am familiar with agent. Or, if this document is being filed merel hereby confirm that the corporation has been n	t all statutes relative to the proper and t ith and accept the obligation of my posi ly to reflect a change in the registered o	complete tion as registered			
1m	07/01/2021				
Signature of Registered Agent	Dute				
If signing on behalf of an entity:					
CHEVENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED CORPORATION AGENTS, INC.) STATES				
Typed or Printed Name					

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