

P15 000070600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

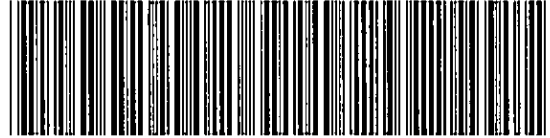
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/20--01035--030 ++35.00

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2020 SEP 28 PM 1:59
CLERK OF STATE
TALLAHASSEE, FL

10/24/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Princessacane Corp
Name of Corporation

DOCUMENT NUMBER: P15000070600

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:

Anthony Campetti
Name of Contact Person

Nikko Mussolini Dog Boutique & Spirits
Firm/Company

9040 Blind Pass Rd B1
Address

St. Pete Beach, FL 33706
City/State and Zip Code

tcampetti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Campetti at (610) 751-4348
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Prncipessacane Corp
2. The principal office address: 9524 Blind Pass Rd Split #17
St Pete Beach FL 33706
3. The mailing address (if different): 9040 Blind Pass Rd Bl, St Pete Beach
FL 33706
4. Date of incorporation/qualification: _____ Document number: P1500007060
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):

Anthony Campetti
9040 Blind Pass Rd Bl
St. Pete Beach, FL 33706

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.

X _____
Signature of an officer or director

Anthony Campetti
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.

X _____
Signature of Registered Agent

X 9/21/2020
Date

If signing on behalf of an entity:

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
CR2E045 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 SEP 28 PM 1:59

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