

P15000102429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

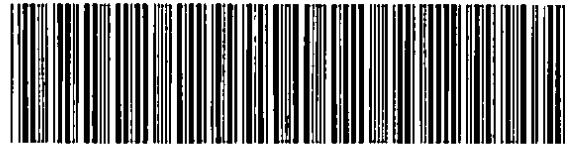
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700348856437

RECEIVED

JUL 21 2020

07/24/20--01027--003 **35.00

S. TALLER

SEP 02 2020

2020 JUL 21 PM 5:44

RIA-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROMEO KING INC
Name of Corporation

DOCUMENT NUMBER: P15000102429

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:

ARAMA, ROMEO

Name of Contact Person

ROMEO KING INC

Firm/Company

3225 WHISPERING TRAILS AVE

Address

WINTER HAVEN FL 33884

City/State and Zip Code

Romeoarama92@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARAMA, ROMEO

Name of Contact Person

at (213) 507-9617

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: ROMEO KING INC
2. The principal office address: 915 N 16TH CT APT 7 HOLLYWOOD, FL 33020

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/28/2015 Document number: P15000102429

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)

ARAMA, ROMEO
915 N 16TH CT APT 7
HOLLYWOOD FL 33020

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

ARAMA, ROMEO
3225 WHISPERING TRAILS AVE
P.O. Box NOT acceptable
WINTER HAVEN FL 33884

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.

R. Arama
Signature of an officer or director

ARAMA ROMEO - PRESIDENT
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 of Registered Agent

07/09/2020
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)

2020 JUL 21 PM 5:44