

P16000091588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

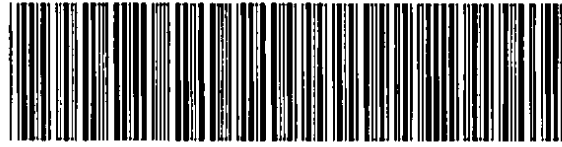
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Meraviglia Consulting Services Inc

Name of Corporation

**DOCUMENT NUMBER:** P16000091588

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:

Vincent J Berarducci

Name of Contact Person

Meraviglia Consulting Services Inc

Firm/Company

1314 East Las Olas Blvd #807

Address

Fort Lauderdale FL 33301

City/State and Zip Code

vberarducci@meravigliacs.com

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

For further information concerning this matter, please call:

Vincent J Berarducci

Name of Contact Person

at ( 954 ) 295 0997

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

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**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: Meraviglia Consulting Services Inc
2. The principal office address: 1314 East Las Olas Blvd #807  
Fort Lauderdale FL 33301
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/16/16 Document number: P16000091588

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)

Legalinc Corporate Services Inc.

5237 Summerlin Commons, Suite 400

Fort Myers FL 33907

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

Vincent J Berarducci

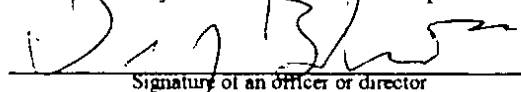
1314 East Las Olas Blvd #807

P.O. Box NOT acceptable

Ft Lauderdale FL 33301

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

Vincent J Berarducci

\_\_\_\_\_  
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

12/17/17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Vincent J Berarducci

\_\_\_\_\_  
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

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