

P16000 093 216

(Requestor's Name)

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(City/State/Zip/Phone #)

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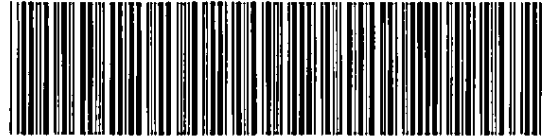
(Business Entity Name)

(Document Number)

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SECURITY
TALLAHASSEE, FL

SEP 06 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maestro Works, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000093216

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:

Stephanie Lippencott
Name of Contact Person

Firm/Company

15862 SW Hat Rock Loop
Address

Powell Butte, OR 97753
City/State and Zip Code

jeffswife86@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Lippencott at (661) 373-6395
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Maestro Works, Inc.
2. The principal office address: 3195 Players View Circle
Longwood, FL 32779
3. The mailing address (if different): P.O. Box 5187
Carefree, AZ 85377
4. Date of incorporation/qualification: 11/21/2016 Document number: P16000093216
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)

Stephanie Lippencott
1325 Lobelia Drive
Lake Mary, FL 32746

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

Stephanie Lippencott
3195 Players View Cir
Longwood, FL 32779

PO Box NOT acceptable

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TALLAHASSEE, FL

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.

Lippencott
Signature of an officer or director

Stephanie Lippencott, Secretary
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.

Lippencott
Signature of Registered Agent

8-22-19
Date

If signing on behalf of an entity:

Typical or Printed Name

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