

P16 000095301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

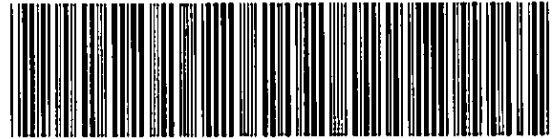
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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RA Office Change

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Legaro, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P16000095301

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:

Joseph Paglino

Name of Contact Person

Law Office of Joseph S. Paglino

Firm/Company

2131 Hollywood Blvd., Suite 307

Address

Hollywood, Florida 33020

City/State and Zip Code

lissakov66@gmail.com

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

For further information concerning this matter, please call:

Joseph Paglino

Name of Contact Person

at (954) 921-1448

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

FILED  
STATE  
DEPARTMENT OF  
CORPORATIONS  
APR 11 2016  
TALLAHASSEE, FL

**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: Legaro, Inc.
2. The principal office address: 1220 Biscaya Drive, Surfside, Florida 33154
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2016 Document number: P16000095301
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)

Lioudmila Issakovitch  
230 Atlantic Avenue  
Sunny Isles Beach, Florida 33160

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

Lioudmila Issakovitch  
1220 Biscaya Drive  
Surfside, Florida 33154

P.O. Box NOT acceptable

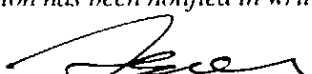
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Lioudmila Issakovitch, 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

11.21.2019  
\_\_\_\_\_  
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)

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STATE  
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