

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	•	

Office Use Only



800302710788

08/21/17--01027--020 **35.00

TILTU 7 AUG 21 PH 4: 03

1900 24 2017

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Shana Sandell, Inc.				
Name of Corporation				
DOCUMENT NUMBER: P17000033997				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ing.			
Please return all correspondence concerning this matter to the following:				
Adolfo Valero				
Name of Contact Person				
Firm/Company				
700 N. Osceola Ave Unit 506				
Address				
Clearwater, Florida 33755				
City/State and Zip Code				
shanasandell@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Adolfo Valero Name of Contact Person at (305) 546-2654 Area Code & Daytime Telepho	4			
Name of Contact Person Area Code & Daytime Telepho	one Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address: Amendment Section Amendment Section				
Division of Corporations Division of Corporations	5			
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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: Shana Sandell, Inc.
2. The principal office address: 700 N. Osceola Ave Unit 506 Clearwater, Florida 33755
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/13/17 Document number: P17000033997
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)
Shana Sandell
1310 Fairfield Drive
Clearwater, Florida 33755
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Adolfo Valero
700 N. Osceola Ave. Unit 506
P.O. Box NOT acceptable Clearwater, Florida 33755
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 carporation has been notified in writing of the change.
Shana Sandell 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. Alberto Alberto Signaphre of Registered Agent Date
If signing on behalf of an entity: Typed or Printed Name

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