

P17000033997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

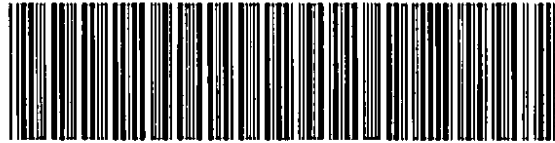
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shana Sandell, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000033997

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:

Adolfo Valero
Name of Contact Person

Valero Law Firm, P.A.
Firm/Company

600 LAKEVIEW RD, STE D,
Address

CLEARWATER, FL 3376
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 at (727) 209-7324
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
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: Shana Sandell, Inc.

2. The principal office address: 600 LAKEVIEW RD, STE D, CLEARWATER, FL 33756

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/13/2017 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)

Adolfo Valero
700 N. Osceola Ave Apt. 506
Clearwater, Florida 33755

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

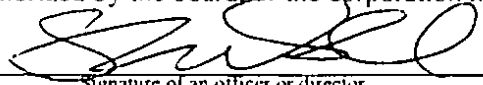
Adolfo Valero
600 LAKEVIEW RD, STE D,
CLEARWATER, FL 33756

P.O. Box NOT acceptable

2020 DEC 21 PM 3:06
FLA DEPT OF STATE
TALLAHASSEE, FL

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

Such change was authorized by resolution duly adopted by its board of directors or by its authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

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.


Signature of Registered Agent

12.17.20
Date

If signing on behalf of an entity:

Typed or Printed Name

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