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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 Registere	ed Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s 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 33756 City/State and Zip Code	······	
shanasandell@gmail.com E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter,	please call:	
Adolfo Valero Name of Contact Person	at (727) 209-7324 Area Code & Daytime Telephone Number	
Name of Contact (Cison	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	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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: 600 LAKEVIEW RD, SIE D, CLEARWAIER, FL 33756		
3. The mailing address (if different):		
e 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. Osceoła 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, P.O. Box NOT acceptable		
P.O. Box NOT acceptable		
CLEARWATER, FL 33756		
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 officenso authorized by the board or the corporation has been notified in writing of the change.		
Shana Sandell		
Signature of an officer or director 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.		
Golofa Value Signature of Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		

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