

P17000083377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

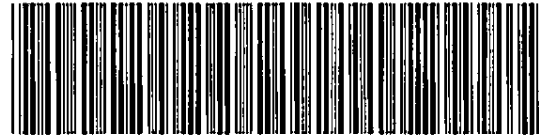
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 08 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Dellatore Group, Inc.
Name of Corporation

DOCUMENT NUMBER: P#170000 83377

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:

Scott Dellatore
Name of Contact Person

The Dellatore Group, Inc.
Firm/Company

9160 Isla Bella Circle
Address

Bonita Springs, FL 34135
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Dellatore at (239) 675 9499
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

SCOTT DELLATORE
THE DELLATORE GROUP, INC.
9160 ISLA BELLA CIRCLE
BONITA SPRINGS, FL 34135

SUBJECT: THE DELLATORE GROUP, INC.
Ref. Number: P17000083377

We have received your document for THE DELLATORE GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 418A00010580

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18 JUN -8 AM 10:54
SECRETARY OF STATE
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: The Dellatore Group, Inc.
2. The principal office address: 25263 Chamber of Commerce Drive
Bonita Springs, FL 34135
3. The mailing address (if different): 9160 Isla Bella Circle
Bonita Springs, FL 34135
4. Date of incorporation/qualification: 10/16/17 Document number: P17000083377
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)


Scott Dellatore
8891 Brighton Lane #111
Bonita Springs, Florida 34135

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

Scott Dellatore
25263 Chamber of Commerce Dr.
P.O. Box NOT acceptable
Bonita Springs, FL 34135

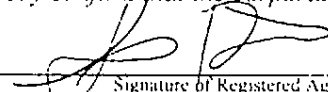
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Scott Dellatore 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

6-4-18
Date

If signing on behalf of an entity:

Scott Dellatore
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 (03/12)

2018 JUN -8 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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