

P180000 65371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

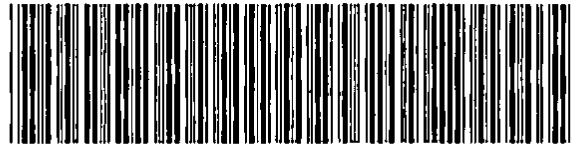
(Business Entity Name)

(Document Number)

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AUG 20 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Optimal Performance Landscaping Inc.
Name of Corporation

DOCUMENT NUMBER: P18000065371

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:

Salvatore Miele
Name of Contact Person

Optimal Performance Landscaping Inc.
Firm/Company

2792 DRD Loxahatchee FL 33470
Address

Performance
City/State and Zip Code
OptimalPerformanceLandscaping@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salvatore Miele at (561) 268-1886
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

August 6, 2019

SALVATORE MIELE 2nd mailing
2792 D ROAD
LOXAHATCHEE, FL 33470

SUBJECT: OPTIMAL PERFORMANCE LANDSCAPING, INC.
Ref. Number: P18000065371

We have received your document for OPTIMAL PERFORMANCE LANDSCAPING, 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):

You failed to list the new registered agent in the space provided.

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: 019A00015330

2019 AUG 19 PM 2:16

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2019

SALVATORE MIELE
2792 S ROAD
LOXAHATCHEE, FL 33470

SUBJECT: OPTIMAL PERFORMANCE LANDSCAPING, INC.
Ref. Number: P18000065371

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Irene Albritton
Regulatory Specialist II

Letter Number: 019A00015330

2019 AUG -5 PM 2:05

RECEIVED

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Optimal Performance Landscaping Inc.
2. The principal office address: 2792 D Rd Loxahatchee FL 33470
3. The mailing address (if different): 2792 D Rd Loxahatchee FL 33470
4. Date of incorporation/qualification: 7/30/2018 Document number: P18000065371
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)

United States Corporation Agents Inc.
13302 winding oak court A Tampa, FL 33612

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

2792 D Rd Loxahatchee FL 33470
SALVATORE Canedi Lee Miele

P.O. Box NOT acceptable

2019 JUL 19 PM 2:51
JTR

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.

Salvatore Miele
Signature of an officer or director

SALVATORE Miele
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.

Salvatore Miele
Signature of Registered Agent

7/19/19
Date

If signing on behalf of an entity:

SALVATORE Miele
Typed or Printed Name

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