

PZ 0000016197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

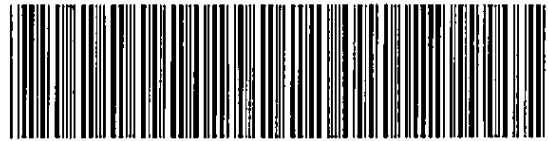
(Business Entity Name)

(Document Number)

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1 - 5 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CANDSILLON CORP
Name of Corporation

DOCUMENT NUMBER: P20000016197

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:

DENNIS KATUMALLA

Name of Contact Person

CANDSILLON CORP

Firm/Company

1908 SWEET CLOVER LN

Address

TAMPA FL 33647

City/State and Zip Code

dennis.katumalla@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS KATUMALLA

at 813

991-2555

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, 607.1505, 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: CANDSILLON CORP
2. The principal office address: 1910S SWEET CLOVER LN TAMPA FL 33647

3. The mailing address (if different): _____

4. Date of incorporation/qualification: Feb. 18, 2020 Document number: 120000016197

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)

LEGALINC CORPORATE SERVICES INC.

476 Riverside Ave.

Jacksonville FL 32202

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

DENNIS KATUMALLA

1910S SWEET CLOVE LN

P.O. Box NOT acceptable

TAMPA FL 33647

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

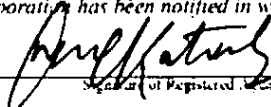
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

DENNIS KATUMALLA, 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

Feb 15 2023

Date

If signing on behalf of an entity:

DENNIS KATUMALLA

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

CR2F045 (04/13)

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