## P20000022108

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consid Instructions to Filian Officer	
Special Instructions to Filing Officer:	
Q. <b>SILA</b> S	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Florida Rabbit Properties, Inc. Name of Corporation	<del></del>
DOCUMENT NUMBER: P20000022108	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Marco Schoenrock Name of Contact Person	
Firm/Company	
9067 Capistrano St N Unit 4503	
Address	
Naples, FL 34113	
City/State and Zip Code	
iwana@ctrgroup.cz	IWONA Q CTR GROUP. CZ
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Marco Schoenroek	21 / 239 \ 738-0864
Name of Contact Person	at (239 ) 738-0864 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations	отувон от Согралины

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

## • STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT $\theta P$ POTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Florida Rabbit Properties, Inc.
2. The principal	office address: 1304 Summer PL, Naples, Fl 34109
3. The mailing a	ddress (if different): 9067 Capistrano St N Unit 4503, Naples, FL 34113
4. Date of incorp	poration/qualification: 03/04/2020 Document number: P20000022108
	street address of the current registered agent and registered office on file with the treet of State: (If resigned, enter resigned)
	Shaun M Garry (resigned)
	3838 Tamiami Trl N, Ste 410
	Naples, FL 34103
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Marco Schoenrock
	9067 Capistrano St N Unit 4503
	P.O. Box NOT acceptable
	Naples, FL 34113
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
·	Iwona Muska, President
Signatu	re of an officer or director Printed or typed name and title
l further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the speed notified in writing of this change.
67 CO	nature of Registered Agent OZ 04 2022
	half of an entity:
	•
ī	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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