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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SOUTH NAPLES PLASTE	RING INC.
Name of Corporation	
DOCUMENT NUMBER: P20000043466	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
ROLANDO GRANADOS GARCIA	
Name of Contact Person	
SOUTH NAPLES PLASTERING INC.	
Firm/Company	
1764 46TH ST SW	
Address	
NAPLES, FL 34116	
City/State and Zip Code	
granadosrolando1968@gmail.con	1
E-mail address: (to be used for future annual repo	rt notification)
·	
For further information concerning this matter, please	call:
ROLANDO GRANADOS GARCIA	239 825-0174
Name of Contact Person	at (239) 825-0174 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depar	tment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted j	for a corporation or	0502, 607.1508, or 617.1508, I ganized under the laws of the S gistered agent, or both, in the S	State ofFLORIDA
		·	<u>.</u>	iale by r ioriaa.
1. The name of the corporation: SOUTH NAPLES PALSTERING INC 2. The principal office address: 1764 46TH ST SW NAPLES, FL. 34116				
3. The mailing a	ddress (if differer	nt):		
4. Date of incorporation/qualification:06/09/2020 Document number:P20		P20000043466		
5. The name and	street address of		ed agent and registered office o	n file with the
	ROLANDO GRA	NADOS GARCIA		
	1764 46TH ST S	W		
	NAPLES, FL 341	16		
6. The name and (if changed):	street address of	the new registered	agent (if changed) and /or regis	tered office
	BRENDI LO	OPEZ		2
	1764 46TH S	ST SW		ن ن ن
	NAPLES, F		Box NOT acceptable	
The street addre	ss of its registere be identical.	ed office and the str	reet address of the business off	ice of its registered agent,
			pted by its board of directors of notified in writing of the cha	
Have			ROLANDO GRANADOS	
I hereby accept if further agree to of my duties, and document is being the control of the contr	o comply with th d I am familiar w y g filed merely to	as registered agen	Printed or typed in t and agree to act in this capac statutes relative to the proper of obligation of my position as ro in the registered office address, age.	city.
	Tural		11/25/2020	0
SU	nature of Registered Ag	gent	Date	-
If signing on bel	nalf of an entity:			
ту	ped 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 (04/13)