

P2C 000066801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

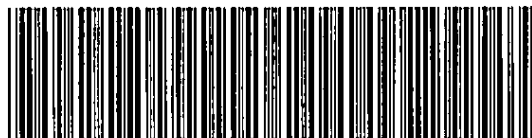
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900385530969

04/11/22--01038--005 \*\*35.00

FILED

2022 APR 11 PM 4:47

STATE  
TALLAHASSEE, FL

cf 4/9/2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NICK DE FILIPPIS LANDSCAPING INC  
Name of Corporation

DOCUMENT NUMBER: P20000066801

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:

NICK DeFilippis  
Name of Contact Person

NICK DeFilippis Landscaping Inc.  
Firm/Company

9535 LISTON TER.  
Address

BOYNTON BEACH FL 33472  
City/State and Zip Code

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

For further information concerning this matter, please call:

Danna at (561) 963-7865  
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, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NICK DeFilippis Landscaping, Inc.  
2. The principal office address: 9535 Listow Ter. Boynton Beach  
FL 33472  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 8-21-20 Document number: P80000066801  
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)

COREY B Miller  
1301 N Congress AVE STE 210  
Boynton Beach, FL 33426 us

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

Nick DeFilippis  
9535 Listow Ter.  
P.O. Box NOT acceptable  
Boynton Beach FL 33472

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, and the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

NICK DEFILIPPIS  
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]  
Signature of Registered Agent

4-5-22  
Date

If signing on behalf of an entity:

Nick DeFilippis  
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 (04/13)

FILED  
2022 APR 11 PM 4:47  
STATE  
TALLAHASSEE, FL