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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future
____ annual report mailings. Enter only one email address please.**

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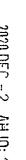
REGISTERED AGENT CHANGE **BART PELLEGRINO INC**

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

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of <u>f</u> or registered agent, or both, in the State of F	-TonctA	his	
	the corporation: BART PELLEGE				
		UITE 300, St. Petersburg, FL 33702			
3. The mailing a	address (if different): 12701 ROLL	ING BROAK CT, ORLANDO, FL 32837			
4. Date of incor	poration/qualification: 09/29/20	Document number: P200000	78313		
	I street address of the current regramment of State: (If resigned, ente	istered agent and registered office on file wi r resigned)	th the		
	BART PELLEGRINO			2	
	12701 ROLLING BROAK	СТ		2020 DEC	1 ### ##
	ORLANDO, FL 32837			C -2	
6. The name and street address of the new registered agent (if changed) and/or registered (if changed):			ñce ∶	VI IO:	. 4 (
	Registered Agents Inc	· · · · · · · · · · · · · · · · · · ·		ယ တ	
	7901 4th St N STE 300				
		Box NOT acceptable			
	St. Petersburg FL 337	02			
The street address changed will	ess of its registered office and th be identical.	e street address of the business office of its	s register	ed agent.	,
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so)	
BART PE	LLE IR MO	BART PELLEGRINO			
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel that the corporation has been n	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and com th and accept the obligation of my position y to reflect a change in the registered offic orified in writing of this change.		tered s, 1	
Bee Han	·-	12/02/2020			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Bill Havre		 .			
τ	yped or Printed Name *** FIL1	NG FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314