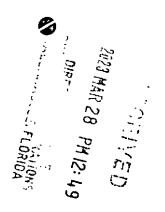
## P2100013082

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL MAIL
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al Instructions to Fili	ng Officer:	
	<b>J</b> . HOR	NE
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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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MIDARICO, INC.

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AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

SUBJECT: MIDARICO, INC.  Name of Corporation  DOCUMENT NUMBER: P21000013082  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:  MICHELE DELUCA  Name of Contact Person  MIDARICO, INC.  Firm/Company  C/O AQUILLANO 4971 BONITA BAY BLVD., UNIT 601  Address  BONITA SPRINGS, FL 34134  City/State and Zip Code  michale@sanokyblueconsulting.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MICHELE DELUCA  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  MERING Address:  Amendment Section  Division of Corporations  P. O. Box 6327  The Corporations  P. O. Box 6327  The Corporations  Division of Corporations  Division of Corporations  Division of Corporations  P. D. Box 6327  The Corporations  Division of Corporations	TO:	Amendment Section Division of Corporations	
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Firm/Company C/O AQUILLANO 4971 BONITA BAY BLVD., UNIT 601  Address BONITA SPRINGS, FL 34134 City/State and Zip Code	Name	of Contact Person	
C/O AQUILLANO 4971 BONITA BAY BLVD., UNIT 601  Address BONITA SPRINGS, FL 34134  City/State and Zip Code     michele@smokybheconsulting.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MICHELE DELUCA at 310 592-8740  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  Division of Corporations	MIDA	RICO, INC.	
Address BONITA SPRINGS, FL 34134  City/State and Zip Code	Firm/C	ompany	<del></del>
BONITA SPRINGS, FL 34134  City/State and Zip Code	C/O A	QUILLANO 4971 BONITA BAY BLVD., 1	UNIT 601
City/State and Zip Code  michele@smokyblueconsulting.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MICHELE DELUCA  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  Division of Corporations	Addre	22	
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Mailing Address:  Amendment Section  Division of Corporations  Street Address:  Amendment Section  Division of Corporations		Name of Contact Person	Area Code & Daytime Telephone Number
Amendment Section Amendment Section Division of Corporations Division of Corporations	Enclos	ed is a \$35.00 check made payable to the	Department of State.
Division of Corporations Division of Corporations		Mailing Address:	
		P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2B045 (04/13)

Tallahassee, FL 32314

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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu hange is submitted for a corporation organized under the laws of the State of Florid	-
tn ord	der to change its registered affice or registered agent, or both, in the State of Florid	la.
1. The name of	f the corporation: MIDARICO, INC.	
2. The principal	al office address: C/O AQUILLANO 4971 BONITA BAY BLVD., UNIT 601	
	INGS, FL 34134	
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: 02/12/2021 Document number: P21000013082	<del></del>
	nd street address of the current registered agent and registered office on file with the armont of State: (If resigned, enter resigned)	:
	Resigned	
<ol><li>6. The name and (if changed):</li></ol>	nd street address of the new registered agent (if changed) and /or registered office.	<u></u>
( v,	GKL REGISTERED AGENTS, INC.	- ES 22
	28089 VANDERBILT DR., SUITE 201	
	P.O. Box MOT acceptable	
	BONITA SPRINGS, FL 34134	
The street address changed will	ress of its registered office and the street address of the business office of its regi	
Such change was suthorized by the	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	_
Market	MICHELE DELUCA, PRESIDENT  MICHELE DELUCA, PRESIDENT  Provided or type of taxon and ta	
i hereby accept i further agree of my duties, an accument is bei corporation has	If the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and complete and Lam familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered affice address, I hereby comes been notified in writing of this change.	performance ii. Or, if this firm that the
inn (	3.28.23 Details	
f signing on be	ehalf of an entity:	
Janni	ter Likkin	
T	Typod 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)