

P21000068490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

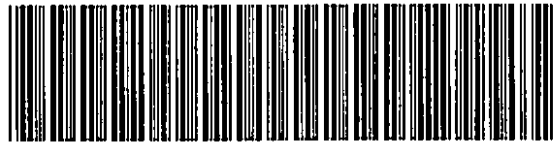
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Special Instructions to Filing Officer:

J. HORNE
MAY - 3 2022

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RECEIVED

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03/29/22--01005--014 **35.00

FILED

2022 APR 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FL 32399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FL

April 12, 2022

JOHN GLEASON
9394 NAPOLI LN
NAPLES, FL 34113 US

SUBJECT: GLEASON GROUP, INC.
Ref. Number: P21000068490

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 822A00008532

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GLEASON GROUP, INC.
Name of Corporation

DOCUMENT NUMBER: P21000068490

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:

JOHN GLEASON
Name of Contact Person
GLEASON GROUP, INC.
Firm/Company
9394 NAPOLI LN
Address
NAPLES, FL 34113
City/State and Zip Code

JOHN_GLEASON@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GLEASON at (305) 606 7163
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GLEASON GROUP, INC.
2. The principal office address: 9394 NAPOLI LN, NAPLES, FL 34113
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/28/21 Document number: P21000068490
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)

JOHN GLEASON
11690 NW 105 ST
MIAMI, FL 33178

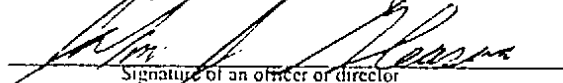
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN GLEASON
9394 NAPOLI LN
NAPLES, FL 34113

P.O. Box NOT acceptable

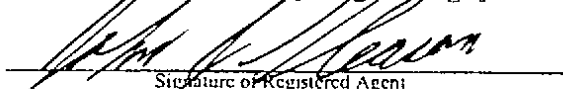
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JOHN J GLEASON
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 of Registered Agent

3/23/2022
Date

If signing on behalf of an entity:

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)

2022 APR 21 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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