Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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.

Email Address:

REGISTERED AGENT CHANGE ARTESIA ANTHONY INC Certificate of Status Certified Copy Page Count 0 02

Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

\$35.00

WH+

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

	· ·	9502, 607.1508. or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida	
		gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: ARTESIA ANTHO	ONY INC	
	l office address: 7901 4th St N STE		
		et North St Petersburg Florida 33702	
4. Date of incor	rporation/qualification: 08/12/2021	Document number: P21000072560	
	ed street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
	ANTHONY GROSSI		
	510 S HEATHWOOD DRIVE		
	MARCO ISLAND, FL 341	.45	
6. The name an (if changed):		agent (if changed) and /or registered office	
	Registered Agents Inc.		
	St. Petersburg FL 33702	Box NOT acceptable From OS	
The street addr	ress of its registered office and the str il be identical.	eet address of the business office of its registered agent,	
Such change wanthorized by t	vas authorized by resolution duly adopthe board, or the corporation has been	oted by its board of directors or by an officer so inotified in writing of the change.	
90HM 2	DROSSI ure of an officer or director	JOHN GROSSI, President Printed or typed name and title	
I hereby accept I further agree of my duties, and document is be	t the appointment as registered agent to comply with the provisions of all s nd I am tamiliar with and accept the	and agree to act in this capacity. Statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this is the registered office address, I hereby confirm that the	
Bee Hann		10/13/2021	
Si	gnature of Registered Agent	Date	
If signing on b	chalf of an entity:		
Bill Havre	¥		
	Typed or Printed Name	WWD	
	* * * 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)