## P21 0000 73788

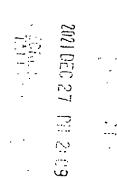
(Requestor's Name)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
	ECT: Flip's Adventures, Inc. of Corporation	
DOC	UMENT NUMBER: P2100007378 <b>\$</b>	
The ci	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Pleaso	e return all correspondence concerning this	s matter to the following:
Ronald	d A. DeFilippo	
Name	of Contact Person	
Flin's .	Adventures. Inc.	
Firm/	Company	
728 N	W 8th Ave	
Addre	CS5	<del></del>
Gaine	sville. FL 32601	
City/S	State and Zip Code	
	ronalddefilippo@gmail.com	
E-ma	il address: (to be used for future annua	I report notification)
For fu	orther information concerning this matter, p	please call:
Peter i	McNiece	at (352 )514-8992  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ	ized under the laws of the State of $rac{F}{}$	lorida	
	r to change its registered office or registe	ered agent, or both, in the State of F	lorida.	
	he corporation: Flip's Adventures, Inc.			
2. The principal	office address. 728 NW 8th Ave Gainesv	ille, FL 32601		
3. The mailing a	ddress (if different):			<del></del>
4. Date of incorp	poration/qualification: August 17, 2021	Document number: P2100007	3788 	<u> </u>
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigned	gent and registered office on file wit	th the	
	Ronald, A. DeFilippo		_	
	2005 NW 24 St, Suite C		_	
	Gainesville, FL 32605		-	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered off	2021 DEC 27	<i>:</i>
	Ronald A. DeFilippo		27	
	728 NW 8th Ave		- 33	
	2.0. Bo	x NOT acceptable	2: 09	
	Gainesville, FL 32601		60	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	s registered	agent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an stiffed in writing of the change.	officer so	
la de la comparta de	r Sledelyn	Ronald A. DeFiippo		
Signatu	re of an officer or director	Printed or typed name and tit	ile	<del></del>
I further agree a of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and com igation of my position as registered e registered office address, I hereb	iplete perfor 1 agent. Or ny confirm th	mance if this rat the
Krol	nature of Registered Agent	December 19, 2021		<del></del>
~	half of an entity:			
Ronald A. DeFili	•			
	yped or Printed Name			
	* * * FILING FI	EE: \$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)