## P21000099342

(Requestor's Name)
(Address)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Entity Name)
(Document Number)
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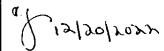


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2022 SEP 26 AM 8: 23 SECRETAR ASSESSED STATE TALL ANALYSISE FL

2022 SEP 26 AM 8: 2



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: FILOROSSO INC	
Name of Corporation	
DOCUMENT NUMBER: P21000099342	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	
ANDREAS PICHLER	
Name of Contact Person	
FILOROSSO INC	
Firm/Company	······································
1101 BRCKELL AVE. SOUTH TOWER, 8 TH FLOO	OR CONTRACTOR OF THE PROPERTY
Address	
MIAMI/FL/33131	
City/State and Zip Code	<del></del>
contact@filo-rosso.co	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, ple	ease call:
ANDREAS PICHLER	at ( <sup>424</sup> )328-9778
Name of Contact Person	at (424 )328-9778  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the D	epartment of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations
1.0. DOX 0321	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## FOR CORPORATIONS

statement of c	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flow The organized under the laws of the State Tregistered agent, or both, in the State	e of FLORID	this A
	f the corporation: FILOROSSO INC		•	
	al office address: 1101 BRICKELL A	VE. SOUTH TOWER. 8TH FLOOR		
3. The mailing	address (if different):			
3. The mailing address (if different):  4. Date of incorporation/qualification:   Document number:   P21000099342				
5. The name ar		cred agent and registered office on file		
	SPIEGEL & UTRERA, P.A.		(0	<b>~</b> .
	1840 SOUTHWEST 22ND STREET	Γ,4TH FLOOR	TAL	2022 SEP 26
	MIAMI, FL 33145		LAH.	£b 5
6. The name an (if changed):	d street address of the new registered	d agent (if changed) and /or registered	Toffice S	AH
	GIL DE LUNA LLC		JATI	8. % 8. %
	1101 BRICKELL AVE. SOUTH TO	OWER. 8TH FLOOR		ω
	MIAMI/FL/33131	P.O. Box NOT acceptable		
The street address changed will	ess of its registered office and the s	street address of the business office of	of its register	ed agent,
		opted by its board of directors or by en notified in writing of the change.		
	The	ANDREAS PICHLER	PRESIDE	ΞΝΤ
I hereby accept I further agree of my duties, an document is bei	io comply with the provisions of all id I am familiar with and accept the	Printed or typed name in the and agree to act in this capacity. It statutes relative to the proper and continues of my position as registed in the registered office address, I he agree.	complete perj	
4	W	08/26/2022		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
GIL DE LUNA L	LC / FEDERICO GIL PEREZ			
Ty	ped 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)