

P22000011800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

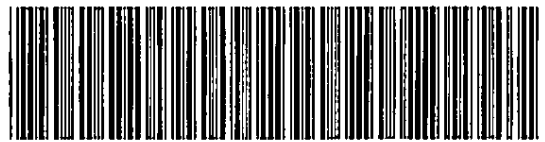
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

A. BUTLER
MAY 31 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GELORMINO LAW, P.A.
Name of Corporation

DOCUMENT NUMBER: P22000011800

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:

NICOLA GELORMINO

Name of Contact Person

GELORMINO LAW, P.A.

Firm/Company

9130 S. DADELAND BLVD., STE. 1609

Address

MIAMI, FL 33156

City/State and Zip Code

nicola@gelorminolawpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLA GELORMINO

Name of Contact Person

at (305) 423-1994

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: GELORMINO LAW, P.A.

2. The principal office address: 9130 S. DADELAND BLVD. SUITE 1609, MIAMI, FL. 33156

3. The mailing address (if different): _____

4. Date of incorporation/qualification: FEB. 8. 2022 Document number: P22000011800

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)

NICOLA GELORMINO
6355 NW 36TH STREET, SUITE 510
MIAMI, FL 33166

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

NICOLA GELORMINO
9130 S DADELAND BLVD., SUITE 1609
MIAMI, FL 33156
P.O. Box NOT acceptable

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TALLAHASSEE, FL

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

NICOLA GELORMINO, PRESIDENT
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

4/13/22
Date

If signing on behalf of an entity:

NICOLA GELORMINO
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