P22000014691

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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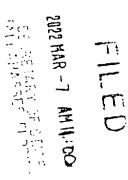
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A. RAMSEY
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A PORMANT S POST

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

statement of cha	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	the corporation: Anthony T. Imparat		
2. The principal office address: 10916 Blackhawk st. Plantation, Fl. 33324			
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: Feb. 21, 2022	Document number: P22000014691	
	d street address of the current registartment of State: (If resigned, enter n	ered agent and registered office on file with the esigned)	
	CAROLINE M IMPARATO		
	10916 BLACKHAWK ST, PLANT.	ATION FL 33324	
6. The name and (if changed):	d street address of the new registered	d agent (if changed) and /or registered office	
	20250 SW. 304TH ST.,HOMESTEA	D FI 22020	
		O. Box NOT acceptable	
_		treet address of the business office of its registered agent,	
auchan	ne board, or the corporation has been have been board and the corporation has been have been been been been been been been be	opted by its board of directors or by an officer so en notified in writing of the change. Anthony T. Imparato-Pres. Printed or typed name and fills	
of my duties, and document is bei	the appointment as registered agent to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the large.	
Salation	Circlinar	Feb. 28,2022	
2	nature of Registered Agent	Date	
f signing on bel	half of an entity:		
Tr.	ped or Printed Name		
y,	See of 1 DIVICE LITTLE		

* * * 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)