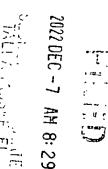
P22000034777

(Requestor's Name)		
(Address)		
(Address)		
//State/Zip/Phone	e #)	
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificates	s of Status	
Special Instructions to Filing Officer:		
	1	
	Iress) Iress) Iress) Istate/Zip/Phone WAIT Inness Entity Nan cument Number) Certificates	



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Office Use Only

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COVER LETTER

Amendment Section Division of Corporations

TO:

•	
SUBJECT: Change of Resident Agent - Reliaco Inc.	
Name of Corporation	
DOCUMENT NUMBER: P22000034777	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
William C. Finzel II	
Name of Contact Person	
Reliaco, Inc.	
Firm/Company	
6099 Overseas Highway, #97W	
Address	
Marathon, Florida 33050	
City/State and Zip Code	
reliacohome@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	se call:
William C Finzel II	at (²⁴⁸) 361-3646 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 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	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida reed agent, or both, in the State of Florida.	
1. The name of	the corporation: Reliaco, Inc.		
	office address: 28253 Helen Ave., Little T	orch Key, FL 33042	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: May 1, 2022	Document number: P22000034777	
5. The name and	d street address of the current registered artment of State: (If resigned, enter resigne	gent and registered office on file with the	
	Nicholas T. Richardson, Resigna	20	
	Reliaco, Inc.	2022	
28253 Helen Ave., Little Torch Key, FL 33052		2022 DEC -	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	
	William C. Finzel II		
	Reliaco, Inc.	न ७	
P.O. Box NOT acceptable			
	6099 Overseas Highway, #97W, Marathon	, FL 33050	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an officer so tiffed in writing of the change.	
Will	land driet	William C. Finzel, President	
Signatu	ire of an officer or director	Printed or typed name and title	
I fuether goree	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the speen notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
Mu	lui (Junie If	December 2, 2022	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
WILLIAT	n C. FINZELIL		
	yped or Printed Name		

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *