## P22 000045246

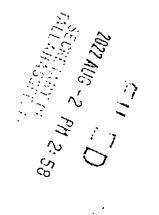
(Re	questor's Name)			
(Ad	dress)			
	dress)			
(\alpha	aicss;			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
(= :				
Cartified Canina	Codificato	- of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
	J. HOI	SVIC		
	J. HOF NOV 18	//AC		
	NUV 18	2022		

Office Use Only



200391807482

i. Julia-11125 +(1. •4€1,0)



## **COVER LETTER**

Division of Corporations	
·	
SUBJECT: Archangeli, Inc.	
SUBJECT: Archangeli, Inc. Name of Corporation	
DOCUMENT NUMBER: P22000045246	
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:	
Alejandra M. Gonzalez, Esq.	
Name of Contact Person	
Benemerito Attorneys at Law, PLLC	
Firm/Company	
110 Wall Street	
Address	
New York, NY 10005	
City/State and Zip Code	
mkpagan228@yahoo.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alejandra M. Gonzalez, Esq. 212 785-1528	
Alejandra M. Gonzalez, Esq. at (212 785-1528)  Name of Contact Person Area Code & Daytime Telephone Nu	unber
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section  Street Address: Amendment Section	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2F045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

	•	9502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of Florida		
		stered agent, or both, in the State of Floria		
1. The name of	Archangeli, Inc.			
	8350 NAV 52ed Torrage	Suite 301, Miami, FL 33166		
3. The mailing	address (if different): Same as above.			
4. Date of incor	Date of incorporation/qualification: June 1, 2022 Document number: P22000045			
	d street address of the current registere rument of State: (If resigned, enter resigned,	d agent and registered office on file with the gred)	-	
	Michael Pagan		-: k: 00	20
	459 Ballyshannon Drive			2022 AUG
	Davenport, PL 33897		E785	)G −2
6. The name and (if changed):		gent (if changed) and /or registered office	7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PH 3:
	Michael Pagan			00
	8550 NW 52nd Terrace, Suite 301			
	P.O. Miami, FL 33166	Box NOT acceptable		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its regi	stered a	gent,
Such change wa authorized by the	as authorized by resolution duly adop ne beard, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	er so	
119/1	Y	President		
_	re of an officer or director	Printed or typed name and title		
l further agree i of my duties, an locument is bei	d I am lamiliar with and accept the o	tatutes relative to the proper and complete obligation of my position as registered age the registered office address, I hereby cor	nt. "Or	if this
NYI	$\mathcal{A}$	July 19, 2022		
Sig	Signature of Registered Agent Date			
f signing on be	half of an entity:			
N/A				
T <sub>1</sub>	yped 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)