

P22000089935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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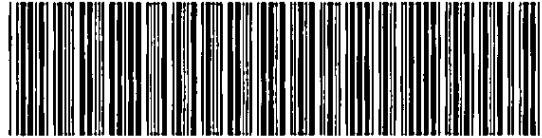
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: 539CIDMLPL INC.  
Name of Corporation

DOCUMENT NUMBER: P22000089935

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:

Sydney Grice  
Name of Contact Person

Anderson Business Advisors  
Firm/Company

3225 McLeod Dr  
Address

Las Vegas, NV 89121  
City/State and Zip Code

ra@andersonadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydney Grice at ( 800 ) 706-4741  
Name of Contact Person 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: 539CIDMLPL INC.
2. The principal office address: 5840 NW Windy Pine Ln, Port Saint Lucie, FL 34986
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/5/2022 Document number: P22000089935
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)

CAMILLI, TANDY

5840 NW WINDY PINES LANE

PORT SAINT LUCIE, FL 34986

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

Anderson Registered Agents, Inc.

625 E. Twiggs Street, Suite 110

P.O. Box NOT acceptable

Tampa, FL 33602

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.

**Daniel Camilli**

Digitally signed by Daniel Camilli  
DN: cn=Daniel Camilli, o=Anderson Registered Agents, Inc., c=US  
email=dc@andersonadvisors.com, c=US  
Date: 2022.12.14 10:57:00 -0800

Signature of an officer or director

**Daniel Camilli, 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.*

**A. T. Mathis**

Digitally signed by A. T. Mathis  
DN: cn=A. T. Mathis, o=Anderson Registered Agents, Inc., c=US  
email=am@andersonadvisors.com, c=US  
Date: 2022.08.09 10:10:57 -0600

Signature of Registered Agent

**12-14-2022**

Date

If signing on behalf of an entity:

**A. T. Mathis, President**

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

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