

P230000011799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

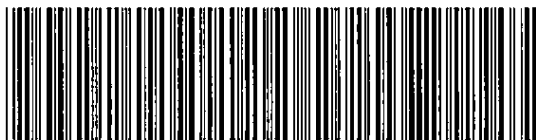
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400422633074

OL 01/24--01008--002 **35.00

ED
2024-1 AM 9:24
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
K. HUNT
2/21/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOMBARDI FLOORING & EPOXY INC.
Name of Corporation

DOCUMENT NUMBER: P23000011799

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:

IDA LOMBARDI

Name of Contact Person

LOMBARDI FLOORING & EPOXY INC.

Firm/Company

1624 OVIEDO GROVE CIRCLE, #24

Address

OVIEDO, FLORIDA 32765

City/State and Zip Code

BOSSX1226@AOL.COM

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

For further information concerning this matter, please call:

IDA LOMBARDI

Name of Contact Person

at (718)

559-9605

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

2004-03-11 AM 9:24
CLERK OF STATE
TALLAHASSEE, FL
3D

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: LOMBARDI FLOORING & EPOXY INC.
2. The principal office address: 1624 OVIEDO GROVE CIRCLE, #24 OVIEDO, FLORIDA 32765

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/7/2023 Document number: P23000011799

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)

UNITED STATES CORPORATION AGENTS INC

476 RIVERSIDE AVE

JACKSONVILLE, FL 32202

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

IDA LOMBARDI

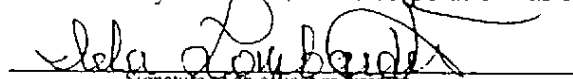
1624 OVEIDO GROVE CIRCLE, #24

P.O. Box NOT acceptable

OVIEDO, FL 32765

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

IDA LOMBARDI, 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

1/23/2024

Date

If signing on behalf of an entity:

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

CR2E045 (04/13)