

P23000036546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

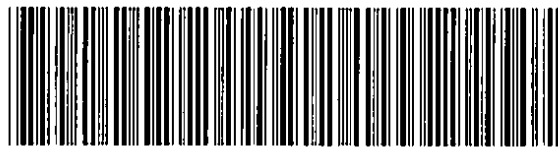
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 13 2023

Office Use Only



800413815368

08/15/23--01021--015 **35.00

FILED
23 AUG 15 PM 2:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAMPERT AMERICA INC
Name of Corporation

DOCUMENT NUMBER: P23000036546

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:

CAROLE GRACE

Name of Contact Person

Firm/Company

2901 CLINT MOORE ROAD #151

Address

BOCA RATON FL 33496

City/State and Zip Code

myamzgrace@gmail.com

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

For further information concerning this matter, please call:

CAROLE GRACE

Name of Contact Person

at (509) 998-1939

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: LAMPERT AMERICA INC
2. The principal office address: 2901 CLINT MOORE ROAD #151 BOCA RATON FL 33496
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/8/2023 Document number: P23000036546
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)

CAROLE GRACE

2901 CLINT MOORE ROAD STE 2 #204

BOCA RATON FL 33496

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

CAROLE GRACE

2901 CLINT MOORE ROAD #151

P.O. Box NOT acceptable

BOCA RATON FL 33496

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.

Vlada Stojanov

Signature of an officer or director

VLADA STOJANOV, INCORPORATOR

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]
Signature of Registered Agent

8.7.2023

Date

If signing on behalf of an entity:

CAROLE GRACE

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)