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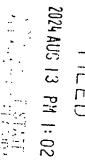
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CAND A 813 MANAGEMENT COMPANTIVE

Name of Corporation

DOCUMENT NUMBER: P 2 3 00053036

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:

An Huny Funfane

Name of Contact Person

CANDA 813 MANAGEMENT COMPANY INC

Firm/Company

2 30 N. WESTMONTE DR, STE 2200

Address

ALTAMONTE S PAINGS FL 32714

City/State and Zip Code

PAYMENTS & WEIGHT ACHIEVEMENT. (0)

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

For further information concerning this matter, please call:

Anthony Fortang at 813, 390 9838

Name of Contact Person at 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

CR2F045 (04-13)

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

statement of change its 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: C AND A 813 NHYGENENT COMPANY IN C
2. The principal office address: 230 N WESTMONTE PR, STE ZZOO ACTAMONTE SANNOS, FL 32714
3. The mailing address (if different):
4. Date of incorporation/qualification JV 17, 2023 Document number P Z 30000 5 3 0 3 6
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) RESIMED NW RESISTATED ASENT LUC
7901 4th StN STE 300
ST PETERYSURG, FL 33702
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ANTHON J. FONTANA 230 N WESTMONE R, STE 2200 ALTAMONIE SPUNES, FL 32714
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. Ather Forters Signature of an officer or director 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, it 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.
Superful delivered Agent 8/6/2024
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)