

P96000049091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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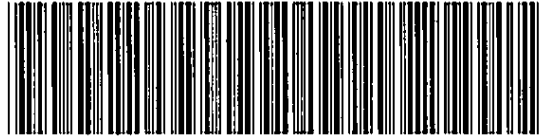
(Business Entity Name)

(Document Number)

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2018 SEP 24 P 2:10  
TALLAHASSEE, FLORIDA

FILED

SEP 25 2018

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Vintage Poster Art International Inc.  
Name of Corporation

DOCUMENT NUMBER: P96000049091

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:

Michael Cipollaro

Name of Contact Person

Vintage Poster Art International

Firm/Company

901 Moss Lane

Address

Winter Park, FL 32789

City/State and Zip Code

mcipollaro@greystonegroupllc.com

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

For further information concerning this matter, please call:

Michael Cipollaro

Name of Contact Person

at (

321-297-9699

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VINTAGE POSTER ART INTERNATIONAL, INC
2. The principal office address: 901 MOSS LANE  
WINTON PARK, FL 32789
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/06/1996 Document number: P96000049091

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)

MICHAEL CIPOLLARO  
42 INTIMIDATION RD.  
ORLANDO, FL 32804

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

MICHAEL CIPOLLARO  
901 MOSS LANE  
P.O. Box NOT acceptable  
WINTON PARK, FL 32789

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]  
Signature of an officer or director

MICHAEL CIPOLLARO, 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]  
Signature of Registered Agent

9/18/18  
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