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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Occhiuzzo Inc
SUBJECT: Occhiuzzo Inc (Name of Corporation)
DOCUMENT NUMBER: \$\int \text{99000 109 604}\$
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:
(Name of Contact Person)
Occhiuzzo Inc. (Firm/Company)
3582 Sanfiago Way (Address)
Maples F1 34105 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (239) 280 7633  (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\boldsymbol{\cdot}$ 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: Occhi 4220 Inc.
2. The principal office address: 3582 Santiago Way
haples Florida 34105
3. The mailing address (if different): <u>Bane as above</u>
4. Date of incorporation/qualification: 12-17-1999 Document number: P. 99 900 10966
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
All Florida From. Inc 18 5 7 7 7 13 Deltina Blud Suite A 25 26 7
Deltona Placido 32725
6. The name and street address of the new registered agent (if changed) and /or registered office? (if changed):
Diego Occhin220
Diego Occhi u 220  35 82 Santiago Way  (P.O. Box NOT acceptable)
haples FL 34105
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 direction)  Kenya Occhi uzzo VPD  (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.
(Signatur of Registered Scent) (Date)
If signing on behalf of an entity:
<u>Jiego Occhiuzzo</u> (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*