520390

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COVER LETTER

TO: Amendment Section Division of Corporations

Jeannine B. Gonsalves Realty Group Inc.

Name of Corporation

S20396

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:

Donald Massolio

Name of Contact Person

Jeannine B. Gonsalves Realty Group Inc.

Firm/Company

629 Alhambra Rd #704

Address

Venice FL 34285

City/State and Zip Code

Donmassolio@gmail.com

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

For further information concerning this matter, please call:

Don Massolio

Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 6. nge is submitted for a corporation r to change its registered office or	organized under	the laws of the State of	Florida	,
1. The name of t	he corporation: Jeannine B. C	Gonsalves R	ealty Group Inc.		
2. The principal	office address: 629 Alhambra	Rd #704	Venice FL 3428	5	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/21/19	990 _{Doc}	ument number: S203	96	
	street address of the current regist tment of State: (If resigned, enter r	_	egistered office on file v	with the	
	Donald Massolio				
	280 Miami Ave W.				
	Venice FL 34285			2016 00T	entaine.
6. The name and (if changed):	street address of the new registers	ed agent (if chang	ed) and /or registered o	Seffice AH II : 17	
	629 ALhambra Rd #704	Venice Flox NOT acceptable	34285	7	
The street addre	ess of its registered office and the be identical.	street address of	the business office of	- its registered ager	nt,
	s authorized by resolution duly ac e board, or the corporation has be				
Thereby accent	the appointment as registered ago comply with the provisions of a my duties, and I am familiar with	ent and garee to	Printed or typed name and to act in this capacity. The to the proper and coublingation of my position	itle	
	o comply with the provisions of a my duties, and I am familiar with is document is being filed merely that the corporation has been not	to reflect a chang ified in writing o	. 1		
y) one	AL Massolio nature of Registered Agent	 ;	10/5/201 Date	6	
If signing on bel	half of an entity:				
Donald Mas	ssolio				
Tv	pped 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 * * *