583118

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinose Emily Name)
(Document Number)
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SECRETARY OF STATE

"6/18/21 SP

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CONSTRAZZA INTERNATIONAL C	CONSTRUCTION INC
DOCUMENT NUMBER: S83118	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
SIMON B HOWELL	
Name of Contact Person	
HOWELL INTERNATIONAL TAX	
Firm/Company	
8701 W. IRLO BRONSON MEMORIAL HWY, SU	ЛТЕ 100
Address	
KISSIMMEE, FL 34747	
City/State and Zip Code	
EMMA.HOWELL@HOWE	LLINTERNATIONALTAX.COM
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
SIMON B HOWELL	at (407)245-7600 Area Code & Daytime Telephone Number
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	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassec, r E 52514	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Stage is submitted for a corporation organized under the laws of the State of $\frac{\Gamma}{\Gamma}$ to change its registered office or registered agent, or both, in the State of Fl	LORIDA	<u></u>	
1. The name of t	the corporation: CONSTRAZZA INTERNATIONAL CONSTRUCTION INC		_	_
2. The principal	office address: 100 N E 3RD AVENUE, SUITE 280 RDALE, FL 33301			-
	ddress (if different):			
4. Date of incorτ	poration/qualification: 09/19/1991 Document number: S83118			_
5. The name and Florida Depar	street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	h the		
	1960			
	100 N E 3RÐ AVENUE. SUITE 280			
	FORT LAUDERDALE, FL 33301	SECR TAL	2021 J	•
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	ETARY OI LAHASSI	8- NOF 1202	
	SIMON B HOWELL, HOWELL INTERNATIONAL TAX	OF S SEE.	A	8 6
	8701 W. IRLO BRONSON MEMORIAL HWY, SUITE 100		5: 45	100
	P.O. Box NOT acceptable KISSIMMEE, FL 34747	(r)	SI	
	ess of its registered office and the street address of the business office of its be identical.			t,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so		
Signatu	ZILBERTO ZANCHET /PEI Printed or typed name and titl	<u> </u>		•
I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and com all am familiar with and accept the obligation of my position as registered in gilled merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete perf l agent. () y confirm	forman Or, if th that th	ce iis ie
	padure of Registered Agent Date	۵.		-
If signing on bo	half of an entity:			
T	yped 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)