FEI Number: 98-1098340			Certificate of Status Desired: No	
Name and Ad	dress of Current Registered Agent:			
WILLIAMS, WILLIAM CPA 6519 CENTRAL AVE ST PETERSBURG, FL 33710 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
The above hamed e	entity submits this statement for the purpose of changing its regist	erea office or regis	tered agent, or both, in the State of Fiol	rida.
	entity submits this statement for the purpose of changing its regist WILLIAM WILLIAMS CPA	erea office or regis	ered agent, or both, in the State of Fiol	^{rida.} 01/18/2020
		erea omce or regis	rered agent, or both, in the State of Fiol	
	WILLIAM WILLIAMS CPA Electronic Signature of Registered Agent	ered office or regis	rered agent, or both, in the State of Fiol	01/18/2020
SIGNATURE: Officer/Direct	WILLIAM WILLIAMS CPA Electronic Signature of Registered Agent	Title	PRES	01/18/2020
SIGNATURE: Officer/Direct	WILLIAM WILLIAMS CPA Electronic Signature of Registered Agent tor Detail :			01/18/2020

Entity Name: T4T CO. **Current Principal Place of Business:**

6519 CENTRAL AVENUE ST. PETERSBURG, FL 33710

DOCUMENT# P13000016390

Current Mailing Address:

6519 CENTRAL AVENUE ST. PETERSBURG. FL 33710 US

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2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

City-State-Zip: ROME, ITALY OC 00148

VP, TR

City-State-Zip: ROME, ITALY OC 00148

DATTILO, MAURIZIO

VIA LUIGI OLIVI 7

Title

Name

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELA DATTILO

PRESIDENT

City-State-Zip: ROME, ITALY OC 00148

City-State-Zip: ROME, ITALY OC 00148

POMPEI, FLAVIA

VIA LUIGI OLIVI 7

SEC

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Title

Name

Address

Date