

P18000051236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

OCT 17 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angelo Joseph Cerrone PA
Name of Corporation

DOCUMENT NUMBER: P18000051236

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:

Jason Sizemore

Name of Contact Person

Law Office of Sam J. Saad III

Firm/Company

2670 Airport Road S

Address

Naples, FL 34112

City/State and Zip Code

jsizemore@saadlegal.com

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

For further information concerning this matter, please call:

Jason Sizemore

Name of Contact Person

at (239) 963-1635

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2018

JASON SIZEMORE
2670 AIRPORT ROAD S
NAPLES, FL 34112

SUBJECT: ANGELO JOSEPH CERRONE PA
Ref. Number: P18000051236

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 718A00020481

RECEIVED
18 OCT 15 PM 13
SECRETARY
CLARETHA GOLDEN

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

1. The name of the corporation: Angelo Joseph Cerrone PA
2. The principal office address: 4851 Tamiami Trail N #200, Naples, FL 34103

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/06/2018 Document number: P18000051236

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)

Joseph J Cerrone
4851 Tamiami Trail N #200
Naples, FL 34103

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

Angelo Joseph Cerrone
4851 Tamiami Trail N #200
Naples, FL 34103

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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 director
Angelo Joseph Cerrone
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 of Registered Agent
09/24/2018
Date

If signing on behalf of an entity:

Angelo Joseph Cerrone
Typed or Printed Name

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