

704469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 1, 2009

JOHN SCHIFINO  
BOLESTA CENTER, INC.  
201 N. FRANKLIN ST., #3200  
TAMPA, FL 33602

SUBJECT: BOLESTA CENTER, INC.  
Ref. Number: 704469

We have received your document for BOLESTA CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 609A00018299

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Bolesh Center, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:**

704469

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:

John A. Schifino, Esq  
(Name of Contact Person)

Williams Schifino Mangione & Steyer P.A.  
(Firm/Company)

201 No Franklin Street # 3200  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Hanna

(Name of Contact Person)

at ( 813 ) 932-1184

(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**

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

1. The name of the corporation: Bolista Center, Inc.

2. The principal office address: 7205 No Habana Ave  
Tampa, FL 33614

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/31/62 Document number: 704469

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)

John Schisino  
128 Bosphorous Ave  
Tampa, FL 33606

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TALLAHASSEE, FL 32314

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

John Schisino  
201 No Franklin Street - #3200  
(P.O. Box NOT acceptable)  
Tampa, FL 33602

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]  
(Signature of an officer or director)

Kim Hanna, Executive Director  
(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]  
(Signature of Registered Agent)

5/13/09  
(Date)

If signing on behalf of an entity:

John Schisino, Sec Bolista Center, Inc.  
(Typed 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