

F0400000 6239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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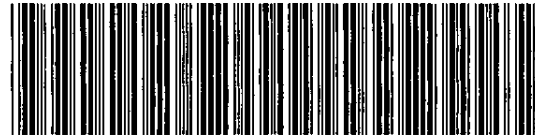
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 31 2012

T. LEMIEUX

PAF

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOHN ROSSELLI & ASSOCIATES LTD. INC.
Name of Corporation

DOCUMENT NUMBER: F04000006239

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:

JODY CROWLEY

Name of Contact Person

CORPORATE SERVICE BUREAU INC.

Firm/Company

283 WASHINGTON AVENUE

Address

ALBANY/NY 12206

City/State and Zip Code

jvc@corporatebureau.com

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

For further information concerning this matter, please call:

JODY CROWLEY

Name of Contact Person

at **518 463-8550**

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

July 17, 2012

JODY CROWLEY
283 WASHINGTON AVE
ALBANY, NY 12206

SUBJECT: JOHN ROSSELLI & ASSOCIATES LTD. INC.
Ref. Number: F04000006239

We have received your document for JOHN ROSSELLI & ASSOCIATES LTD. INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 112A00018947

RECEIVED
DIVISION OF CORPORATIONS
JUL 17 2012

2012 JUL 30 PM 12:30

NOTARIZED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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

1. The name of the corporation: JOHN ROSSELLI & ASSOCIATES LTD. INC.
2. The principal office address: 1855 GRIFFIN RD A-128
DANIA FL 33004
3. The mailing address (if different): 979 THIRD AVENUE 1800
NEW YORK NY 10022
4. Date of incorporation/qualification: 11/01/2004 Document number: F04000006239
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)

CORPORATE SERVICE BUREAU INC.

515 E. PARK AVENUE

TALLAHASSEE FL 32301

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

CORPORATE SERVICE BUREAU INC.

1540 GLENWAY DRIVE

P.O. Box NOT acceptable

TALLAHASSEE FL 32301

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.

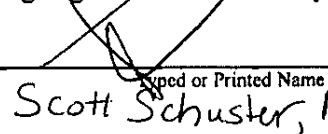

Signature of an officer or director

J. WATKINS GARCIA
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.

Corporate Service Bureau Inc. 7/24/12
Signature of Registered Agent Date

If signing on behalf of an entity:


Typed or Printed Name
Scott Schuster, Pres.

*** 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 (03/12)

FILED
2012 JUL 30 A 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA