

F1300005154

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/6/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROVANZANO & MARCHESIANI PC
Name of Corporation

DOCUMENT NUMBER: F13000005154

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:

PAUL MARCHESIANI

Name of Contact Person

PROVANZANO & MARCHESIANI PC

Firm/Company

607 NORTH AVE STE F

Address

WAKEFIELD MA 01880-1635

City/State and Zip Code

PM@PMCPAFIRM.COM

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

For further information concerning this matter, please call:

PAUL MARCHESIANI at **781 245-1100 X21**
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
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 MA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROVANZANO & MARCHESIANI, P.C. PA
2. The principal office address: 607 NORTH AVE, STE F, WAKEFIELD, MA 01880-1635
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/2/2013 Document number: F13000005154

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)

CORPORATION SERVICE COMPANY

2711 CENTERVILLE RD, STE 400

WILMINGTON, DE 19808

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TALLAHASSEE, FLORIDA

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

GAIL MOORE

11770 US HIGHWAY 1, STE 305

P.O. Box NOT acceptable

PALM BEACH GARDENS, FL 33408

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.

Paul Marchesiani

Signature of an officer or director

PAUL MARCHESIANI, TREASURER

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.

Gail Moore

Signature of Registered Agent

9/27/16

Date

If signing on behalf of an entity:

Gail Moore

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

CR2E045 (03/12)