## F23232

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration As Filler Office
Special Instructions to Filing Officer:
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Office Use Only



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09/30/10--01015--022 \*\*35.00

VISION OF CORPORATION

**C.COULLIETTE** 

OCT 0 T 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DeROSA Realty Inc  Name of Corporation
DOCUMENT NUMBER: F 23232
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:
Cothi DeRosa
Name of Contact Person
DeRosa Realty Inc
Firm/Company
1720 Harrison St. PHB
Address
Holly Wood Fr 33020 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (754) 244-4443  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

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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 Roman A in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: Document number: 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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 by the board, or the corporation has been notified in writing of the change. Signature of an officer or director 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.

9-7-10 Date

If signing on behalf of an entity:

Typed or Printed Name

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