

J37043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

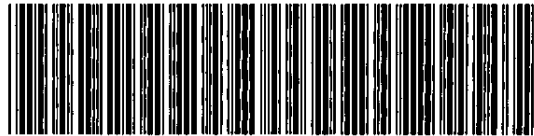
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DIVISION OF CORPORATIONS
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COVER LETTER

• **TO:** Amendment Section
Division of Corporations

• **SUBJECT:** R. Carrino of Central Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: J37043

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:

Mary Caprino

(Name of Contact Person)

R. Carrino of Central Florida, Inc.

(Firm/Company)

7572 West Sand Lake Rd. Venezia Plaza

(Address)

Orlando, Florida 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Caprino

(Name of Contact Person)

at (407) 352-8407

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

1. The name of the corporation: R. Carrino of Central Florida, Inc.
2. The principal office address: 7572 West Sand Lake Rd. Venezia Plaza Orlando, FL 32819
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/09/1986 Document number: J37043
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony Carrino
2117 St. Andrews Cr
Orlando, FL 32835

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

Mary Caprino
8139 Via Bella Notte St
(P.O. Box NOT acceptable)
Orlando, FL 32836

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.

Mary Caprino
(Signature of an officer or director)

Mary Caprino President
(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.

Mary Caprino
(Signature of Registered Agent)

Dec 14, 2007
(Date)

If signing on behalf of an entity:

(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
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