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(City/State/Zip/Phone #)

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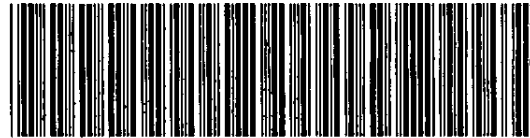
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

202



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2016

ANTHONY FORGIONE  
233 S FEDERAL HWY APT 915  
BOCA RATON, FL 33432

SUBJECT: FORGIONE LAW PLLC  
Ref. Number: L12000148758

We have received your document for FORGIONE LAW PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 416A00004782

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORGIONE LAW PLLC  
Name of Corporation

**DOCUMENT NUMBER:** L12000148758

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:

**ANTHONY FORGIONE, ESQ.**

Name of Contact Person

**FORGIONE LAW PLLC**

Firm/Company

**233 S. Federal Hwy. Apt. 915**

Address

**Boca Raton, FL 33432**

City/State and Zip Code

**apforgione@gmail.com**

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

For further information concerning this matter, please call:

**Anthony Forgione**

**646**

**530-4411**

Name of Contact Person at ( 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  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: FORGIONE LAW PLLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

233 S. FEDERAL HWY. APT 915  
BOCA RATON, FL 33432

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BOCA RATON, FL 33432

3. 11-27-2012 4. L12000148758  
Date of filing/registration in Florida Document number

5. (a) ANTHONY FORGIONE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
100 N. FEDERAL HWY APT 1404  
FORT LAUDERDALE, FL 33301

(b) ANTHONY FORGIONE  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

233 S. FEDERAL HWY. APT 915  
NEW Registered Office Address:

BOCA RATON, FL 33432

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

ANTHONY FORGIONE  
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE