## M25710

(Requestor's Name)			
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(,			
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JANUARY OF STATE OF CORPORATIONS

C. LEVIS
JUN 2 5 2014
EXAMINER

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: P & N LEASING CORP.

Name of Corporation

DOCUMENT NUMBER

M25710

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:

Pablo Andrade

Name of Contact Person

P & N LEASING CORP.

Firm/Company

5201 SW 87 Ave

Address

Miami, FL 33165-6734

City/State and Zip Code

isatoyos@executivedrywall.com

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

For further information concerning this matter, please call:

Pablo Andrade

., 305

365-4004

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

statement of change is s	submitted for a corporation organi	t, 607.1508, or 617.1508, Florida Statute zed under the laws of the State of <u>F</u> lorida red agent, or both, in the State of Florida	3
1. The name of the corp	oration: P & N LEASING Conductors: 5201 SW 87th Ave	ORP.	
2. The principal office a	iddress: 9201 000 01 11700	. Midini, 1 2 00 100 0104	
3. The mailing address (	(if different):		<u> </u>
4. Date of incorporation	n/qualification: 01/10/1986	Document number: M25710	
	address of the current registered ag of State: (If resigned, enter resigned	gent and registered office on file with the	
Pable	o Andrade		
7064	SW 44 ST		
MIAN	MI, FL 33155		<b>-</b> 9
6. The name and street a (if changed):	address of the new registered agen	t (if changed) and /or registered office	ASCURE FARY VISION OF O
Pable	o Andrade	<u> </u>	PA XX RPO
5201	SW 87th Ave.		OR AT
B.4:	P.O. Box NOT a	ncceptable	36
	ni, FL 33165-6734		
The street address of its as changed will be iden	s registered office and the street a	ddress of the business office of its regis	tered agent,
		by its board of directors or by an officer fied in writing of the change.	
12 C	)- -	Pablo Andrade	
I further agree to comp performance of my duti agent. Or, if this docu	pointment as registered agent and oly with the provisions of all statu- ies, and I am familiar with and ac	tes relative to the proper and complete cept the obligation of my position as re ct a change in the registered office addr	gistered ess, I
Signature of Registered Agent		Date	
If signing on behalf of	an entity:		
Typed or Pr	inted Name		
	* * * FILING FER	E: \$35.00 * * *	