

N18 000008415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

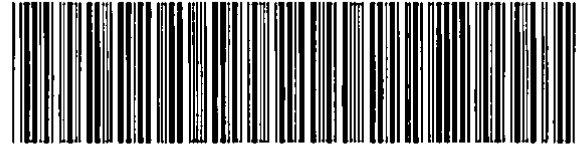
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SEAL POST OFFICE
TALLAHASSEE, FLORIDA

SEP 16 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2019

VISWANADHAM POTHULA
POTHULA & PARCHMENT INC
11878 OSPREY POINT CIRCLE
WELLINGTON, FL 33449

SUBJECT: POTHULA & PARCHMENT INC
Ref. Number: N18000008415

We have received your document for POTHULA & PARCHMENT INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 919A00015598

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POTHULA & PARCHMENT INC

Name of Corporation

DOCUMENT NUMBER: _____

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:

VISWANADHAM POTHULA

Name of Contact Person

POTHULA & PARCHMENT INC

Firm/Company

11878 OSPREY POINT CIRCLE

Address

WELLINGTON, FL 33449

City/State and Zip Code

vispothula@yahoo.com

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

For further information concerning this matter, please call:

VISWANADHAM POTHULA

Name of Contact Person

at (619) 496 9782

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

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**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: POTHULA & PARCHMENT INC
2. The principal office address: 11878 OSPREY POINT CIRCLE
WELLINGTON, FL 33449
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Aug 3, 2018 Document number: N18000008415-

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)

LEGAL ZOOM

101 NORTH BRAND BLVD, 1115 FL

GLENDALE, CA 91203

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

Registered Agents Inc.

7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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TALLAHASSEE, FLORIDA

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.

Viswanadh Pothula
Signature of an officer or director

VISWANADHAM POTHULA

Printed or typed name and title

PRESIDENT

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.

Bill Havre

Signature of Registered Agent

July 10, 2018

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE