

N27977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. WHITE

MAY 01 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Professional Firefighter/Paramedice of Palm Beach County, IAFF Local 2928  
Name of Corporation

**DOCUMENT NUMBER:** N27977

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:

**Angelo D'Ariano**

Name of Contact Person

Professional Firefighter/Paramedice of Palm Beach County, IAFF Local 2928

Firm/Company

**2328 S. Congress Ave. Ste 2C**

Address

**West Palm Beach, Florida 33406**

City/State and Zip Code

**treasurer@iaff2928.com**

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

For further information concerning this matter, please call:

**Angelo D'Ariano**

Name of Contact Person

at ( **561** ) **969-0729**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2018 APR 30 PM 12:02

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

April 18, 2018

ANGELO D'ARIANO  
2328 S. CONGRESS AVE. STE 2C  
WEST PALM BEACH, FL 33406

SUBJECT: PROFESSIONAL FIREFIGHTERS/PARAMEDICS OF PALM BEACH  
COUNTY, LOCAL 2928, I.A.F.F., INC.  
Ref. Number: N27977

We have received your document for PROFESSIONAL FIREFIGHTERS/PARAMEDICS OF PALM BEACH COUNTY, LOCAL 2928, I.A.F.F., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Jose Gonzalez is not the current registered agent for this entity. Please see the enclosed computer printout and correct your document accordingly.

The registered agent must sign accepting the designation.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 418A00007895

**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: Professional Firefighter/Paramedice of Palm Beach County, IAFF Local 2928
2. The principal office address: 2328 S. Congress Ave. Ste 2C West Palm Beach, Florida 33406
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: August 22, 1988 Document number: N27977
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)

(Resigned)

2328 S. Congress Ave. Ste 2C

West Palm Beach, Florida 33406

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

Scott Bielecky


2328 S. Congress Ave. Ste 2C

P.O. Box NOT acceptable

West Palm Beach, Florida 33406

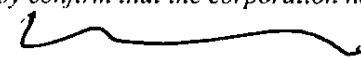
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Angela D'Ariano Secretary/Treasurer  
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.*

  
Signature of Registered Agent

4/24/18  
Date

If signing on behalf of an entity:

Scott Bielecky  
Typed or Printed Name

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

FILED  
18 APR 30 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA