P0000035172

(Re	equestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL	-			
	usiness Entity Name)				
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Certified Copies	Certificates of Status	—			
Special Instructions to	Filing Officer:				
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COVER LETTER

Division of Corporations						
CUDIFICE Delemine de Velence les						
SUBJECT: Palomino de Velasco, Inc. (Name of Corporation)	on)					
DOCUMENT NUMBER: P00000035172						
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:						
Barbara Palomino de Velasco						
(Name of Contact Person)						
Palomino de Velasco, Inc.						
(Firm/Company)						
PO Box 7339						
(Address)						
North Port, Florida 3429th						
North Port, Florida 3429 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Darkers Data at a 1, 1/41	005 040 0070					
Barbara Palomino de Velasco at ((Name of Contact Person) (A	305) 219-8079 Area Code & Daytime Telephone Number)					
((
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address:	Street Address:					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	atement of cha	provisions of sections 607.0302, 617.0302, 60 nge is submitted for a corporation organized r to change its registered office or registered	under the laws of the State of Floric	da	
١.		he corporation: Palomino de Velasco, I			
2.	The principal	office address: 366 E. Olympia Avenue	, Punta Gorda, Florida 33950)	
3.	The mailing a	ddress (if different): PO Box 7339, North	n Port, Florida 3429 1		
4.	Date of incorp	poration/qualification: 2000	Document number: P0000035	172	
5.		d street address of the current registered agent tment of State: (If resigned, enter resigned)	and registered office on file with the		
		Koch & Company, CPA, PA		98 NOV - 7	1
		255 W. Virginia Avenue		ASSET	
		Punta Gorda, Florida, 33950		PH 1:28	1
6.	The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered office	STATE LORIDA	
		Ashley & Brown, CPA			
		366 E. Olympia Avenue, Punta Gor (P.O. Box NOT acceptable)	da, Florida 33950		
Tas	he street addre s changed will	ess of its registered office and the street address be identical.	ress of the business office of its reg	istered agent,	
Si	uch change wa uthorized by th	as authorized by resolution duly adopted by he board, or the corporation has been notifie	its board of directors or by an officed in writing of the change.	er so	
<u> </u>	(Signate	ure of an officer or director)	Barbara Palomino de Velas (Printed or typed name and title)	ico, Inc.	
L) 0) de	túrther agree . I my duties, an ocument is bei	the appointment as registered agent and ag to comply with the provisions of all statutes ad I am familiar with and accept the obligat ing filed merely to reflect a change in the re s been notified in writing of this change.	ree to act in this capacity. relative to the proper and completo ion of my position as registered ago gistered office address, I hereby co	e performance ent. Or, if this nfirm that the	? i
		mason. ale	11-4-08		
		gnature of Registered Agent)	(Date)		
ij	signing on be	chalf 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 CR2E045 (8/05)