## P02000012162

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SECULATION STATE
TALLAHASSEE. FLORIDA

R.A. Charge

## **COVER LETTER**

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and

Please return all correspondence concerning this matter to the following:
Melissa Patrizzi (Name of Person)
Paul D. Patrizzi, Inc. (Firm/Company)
2518 KINGSMILL AVR.
MUbourne, FL 32934 (City/State and Zip Code)
For further information concerning this matter, please call:
WellssaPatri221 at (331) 803-9925 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  P.O. Box 6327
1.0000 DOMENSY F.U. DOX 03/7

Tallahassee, Florida 32314

\$43.75 Filing Fee & Certified Copy

💢 \$35.00 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

TO:

Dear Sir or Madam:

fee(s) are submitted for filing.

Registration Section
Division of Corporations



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 10, 2005

MELISSA PATRIZZI PAUL D. PATRIZZI, INC. 2518 KINGSMILL AVE. MELBOURNE, FL 32934

SUBJECT: PAUL D. PATRIZZI, INC.

Ref. Number: P02000012162

We have received your document for PAUL D. PATRIZZI, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used an incorrect form to change your registered agent. You do not have and Alien corporation, you are a Florida profit corporation. I have enclosed the correct form for you to complete and return with this letter to my attention.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 405A00067155

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
D. I. D. Odrinai Too
1. The name of the corporation: +au   D. Patt   122', Irt.
2. The principal office address: 2518 KINGSMIII HVK.
Melbourne, F-L 33934
3. The mailing address (if different): 2518 KINOSMIII AVE.  MUKOULNU, FL 32934
4. Date of incorporation/qualification Jan 38 2003 Document number: PO2000/2/U2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Paul D. Patrizzi
2010 Choctaw DR.
6. The name and street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) ag
6. The name and street address of the new registered agent (if changed) and /or registered of the control of th
(if changed):  Paul D. Patrizzi  SER Pinasmill Ave.
2518 KINGSMILL AVE: SEE 2
Melbourne, FL 30934
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.
Melissa. Patrizi Vice Hesident (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)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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