PO20000 12355

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2020 AUS -3 AM 8: 37
SECRETARY OF STATE

JQ 09/23/20

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: PAR Properties	
Name of Corporation	
DOCUMENT NUMBER: P02000012355	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Patrick DeForrest	
Name of Contact Person	
PAR Properties	
Firm/Company 2239 Lauren Lane	
Address	
Clearwater, FL 33759	
City/State and Zip Code	
rd4est@icloud.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Patrick DeForrest	at (335-8027
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	orovisions of sections 607.0502, 6 nge is submitted for a corporation	n organizea	l under the laws of the State of _	Florida	this	
1. The name of t	r to change its registered office or he corporation: PAR Properties 2239 Lauren Lan office address:	ne Clearwat	ter Fl 33750			
3. The mailing a	ddress (if different):			-		
4. Date of incorp	ddress (if different):	.9, 2002	Document number:	012355		
5. The name and	street address of the current regis tment of State: (If resigned, enter	stered agen				
	John P. Martin					
	401 South Lincoln Ave.					
	Clearwater, FL 33756			7.15 7.15	2020	
6. The name and (if changed):	street address of the new registere				AUG -3	
	Patrick DeForrest		C		2	П
	2239 Lauren Lane		-	n⊆ u	ထ ထ	O
	Clearwater, FL 33759	P.O. Box NO	T acceptable	Ę.	∞	
The street addre	ss of its registered office and the be identical.	street add	ress of the business office of its	registe	ered a	gent,
	s authorized by resolution duly a e board, or the corporation has b					
Color	1/6/2011		Patrick DeForrest			
Signatur	e of an officer or director		Printed or typed name and till	le	_	
I further agree to of my duties, and document is being the control of the control	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	all statutes the obligat ze in the re	relative to the proper and com-	plete pe l agent. y confir	erforn Or, em tha	nance if this at the
(2)	I he dans		July 31, 2020			
Sign	nature of Registered Agent	_	Date			
If signing on be	half of an entity:					
Ту	ped or Printed Name	_				

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