

PD20000029573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

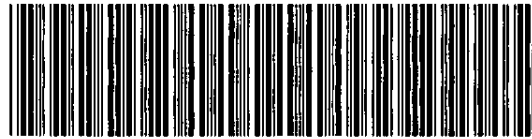
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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10/28/08

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gary J. Palmirotto, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO2000029573

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:

Gary J. Palmirotto  
(Name of Contact Person)

Gary J. Palmirotto, Inc.  
(Firm/Company)

9 Butternut Hill Dr.  
(Address)

Queensbury, NY 12804  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Palmirotto at ( 321 ) 863-2725  
(Name of Contact Person) (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

October 15, 2008

GARY J. PALMIROTTTO  
GARY J. PALMIROTTTO, INC.  
9 BUTTERNUT HILL DR.  
QUEENSBURY, NY 12804

SUBJECT: GARY J. PALMIROTTTO, INC.  
Ref. Number: P02000029573

We have received your document for GARY J. PALMIROTTTO, 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):

The designation of the registered agent must be at a Florida street address.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 008A00053802

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Gary J. Palmirotto, Inc.
2. The principal office address: 285 Bay Tree Ln.  
Valkaria, FL 32909
3. The mailing address (if different): 9 Butternut Hill Dr.  
Queensbury, NY 12804
4. Date of incorporation/qualification: 12/09/82 Document number: PO2000029573
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)

Gary J. Palmirotto  
285 Bay Tree Ln.  
Valkaria, FL 32909

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

Gary J. Palmirotto  
2805 SEE CT SE  
Palm Bay, FL 32909  
(P.O. Box NOT acceptable)

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.

Gary J. Palmirotto Gary J. Palmirotto, President  
(Signature of an officer or director) (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.

Gary J. Palmirotto 10/31/08  
(Signature of Registered Agent) September 30, 2008  
(Date)

If signing on behalf of an entity:

alkfjsaldkfj  
(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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 OCT 28 AM 8:30