

PD2000 100 481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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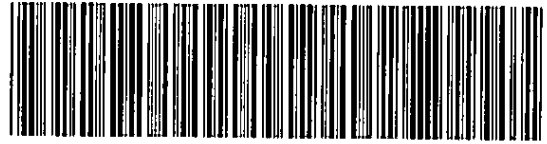
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLIAM JOHN DIPETRILLO AND ASSOCIATES, P.A.
Name of Corporation

DOCUMENT NUMBER: P02000100481

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:

WILLIAM JOHN DIPETRILLO

Name of Contact Person

WILLIAM JOHN DIPETRILLO AND ASSOCIATES, P.A.

Firm/Company

9600 W Sample Road, Suite 507

Address

Coral Springs, FL, 33065

City/State and Zip Code

williamdipetrillo@gmail.com

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

For further information concerning this matter, please call:

WILLIAM JOHN DIPETRILLO at (954) 769-9918

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

**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: WILLIAM JOHN DIPETRILLO AND ASSOCIATES, P.A.
2. The principal office address: 9600 W Sample Road, Suite 507, Coral Springs, FL, 33065

3. The mailing address (if different): SAME registered agent
Change of office location / Address

4. Date of incorporation/qualification: 09/17/2002 Document number: P02000100481

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)

WILLIAM JOHN DIPETRILLO
400 S.E. 8TH STREET
FORT LAUDERDALE, FL 33316

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

WILLIAM JOHN DIPETRILLO
9600 W Sample Road, Suite 507
P.O. Box NOT acceptable
Coral Springs, FL, 33065

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TALLAHASSEE, FL

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.

X William J. Dipetrillo
Signature of an officer or director

WILLIAM JOHN DIPETRILLO
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.

X William J. Dipetrillo
Signature of Registered Agent

5/16/19
Date

If signing on behalf 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