

PD2000133430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

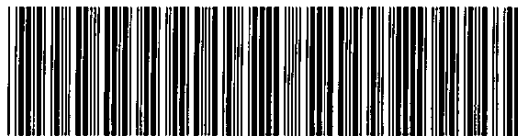
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800115973768

01/30/08--01017--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 30 AM 9:17

RO/chg
@ 5.1.08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patricia Wilson-Cipolla PA
(Name of Corporation)

DOCUMENT NUMBER: P 02000133430

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:

Patricia Wilson-Cipolla
(Name of Contact Person)

PATRICIA WILSON-CIPOLLA PA
(Firm/Company)

8079 Princeton Dr
(Address)

NAPLES FL 34104
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA WILSON-CIPOLLA at (239) 595-6788
(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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Patricia Wilson-Cipolla PA
2. The principal office address: 8079 PRINCETON DR
NAples, FL 34104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-19-2002 Document number: P02000133430

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Patricia Wilson-Cipolla
12831 Carrington Cir #101
NAples, FL 34105

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

Patricia Wilson-Cipolla
8079 PRINCETON DR
NAples, FL 34104
(P.O. Box NOT acceptable)

FILED STATES
SECRETARY OF CORPORATIONS
08 JAN 30 AM 9:17

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.

Patricia Wilson-Cipolla
(Signature of an officer or director)

Patricia Wilson-Cipolla
(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.

Patricia Wilson-Cipolla
(Signature of Registered Agent)

Jan 22, 2008
(Date)

If signing on behalf of an entity:

Patricia Wilson-Cipolla
(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)