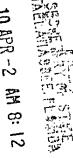
(Re	questor's Name)			
(110	quostor s (turno)			
(Ad	dress)			
,	,			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
☐ PICK-UP	☐ WAIT	MAIL		
		<u> </u>		
(Ru	siness Entity Nar	ne)		
,50	Sinoss Entity War	110)		
(Document Number)				
Certified Copies	ertified Copies Certificates of Status			
Special Instructions to Filing Officer:				
		į		
	•			
		İ		

Office Use Only



500173034265

03/25/10--01014--020 **35.00





COVER LETTER

TO:	Amendment Section Division of Corporation	ons			
SUBJ	IECT:	PMIL Enterpris	ses Inc.		
		Name of Co	rporation		
DOC	UMENT NUMBER:	P030	00007510	· 	
The e	nclosed Statement of Ch	ange of Registered Office/	Agent and fee are subm	itted for filing.	
Please	e return all corresponden	ce concerning this matter t	o the following:		
		, - , - , - , - , - , - , - , - , - , -	-		
		Craig Ard Name of Cont	dolino		
		Name of Cont	act Person		
		PMiL Enterp			
		Firm/Con	npany		
	13325 NW 3rd St				
	· · · · · · · · · · · · · · · · · · ·	Addre	ess	<u></u>	
		Ocala, Florida 34482 City/State and Zip Code			
		City/State and	Zip Code		
\sim		mailia@ma			
•	F-mail ad	mailjc@ms dress: (to be used for fut	n.com ture annual report noti	fication)	
	2 111411 44	areast (to be asea for far	iare amiaar report not	incution)	
For fu	urther information concer	ning this matter, please ca	11:		
	Craig Ar	dolino	at (954)	446-5506	
	Name of Conta		Area Code & Dayt	446-5506 time Telephone Number	
Enclo	sed is a \$35.00 check ma	de payable to the Departm	nent of State.		
	<u>Maili</u>	ng Address:	Street Address	<u>.</u>	
		idment Section ion of Corporations	Amendment S Division of C		
		Box 6327	Clifton Build	•	
		hassee, FL 32314		ve Center Circle	

Tallahassee, FL 32301

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2010

CRAIG ARDOLINO PNIL ENTERPRISES, INC. 13325 NW 3RD ST. OCALA, FL. 34482

SUBJECT: PMIL ENTERPRISES, INC. Ref. Number: P03000007510

We have received your document for PMIL ENTERPRISES, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 210A00007365

2010 APR -2 AM 8: QU

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: PMIL Enterprises Inc
2. The principal office address: 13325 NW 3rd St
Ocala, Florida 34482
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/21/2003 Document number: P03000007510
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)
Resigned Joseph M. Ardolino
ARDOLINO, JOSEPH M Pres.
ARDOLINO, JOSEPH M Pres. 13325 NW 3rd ST, Ounta FL 34482
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Craig Ardolino
13325 NW 3 Rd St P.O. Box NOT acceptable P.O. Box NOT acceptable
P.O. Box NOT acceptable Ocala, Florida 34482
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.
Signature of an officer or director Craig F. Arcolico Pres 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.
8 ignature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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