(F	Requestor's Name)	•
(A	ddress)	
(A	address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
· (E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
,		ļ.

Office Use Only



900155330539

05/04/09--01030--015 **35.00

COVER LETTER

SUBJECT: Mark Chironna Enterprises, Inc. (Name of Corporation)
DOCUMENT NUMBER: P03000021158
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:
Wisty Duagle ((Name of Contact Person))
((Firm/Company))
5770 PAYLVIEW LAW DY
Offmor PL ((City/State and Zip Code))
For further information concerning this matter, please call:
Wisty Dunell at (40) 473-0377 ((Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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 Statut statement of change is submitted for a corporation organized under the laws of the State of Flori in order to change its registered office or registered agent, or both, in the State of Florid	da		
1. The name of the corporation: Mark Chironna Enterprises, Inc.			
2. The principal office address: 75-12 Dr. Phillips Blvd.			
Orlando, Fl 32819			
3. The mailing address (if different):			
4. Date of incorporation/qualification: <u>02/21/2003</u> Document number: <u>P03000021</u>	158	Painter i Street and Painter a	
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)	;		
John DeStefano			
12639 Longstaff Drive		2009	
Windermere, FL 34786	AHA RETA	2009 MAY -4	
6. (The name and street address of the new registered agent (if changed) and /or registered office) ((if changed):)	SSEE, FL	PH	
5770 PAYLVIEW LAKE DY (P.O. Box NOT acceptable)	ORIDA	l: 32	
0/lazoo, FC 32821			
The street address of its registered office and the street address of the business office of its reg as changed will be identical.	istered	agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so		
Mark Chironna, Presid (Signature of an officer or director) Mark Chironna, Presid (Printed or typed name and lifte)	ent		
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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby co corporation has been notified in writing of this change.	e perfoi ent. Or onfirm t	rmance ; if this hat the	
MUTAL YMAN 4/09 (Date)			
If signing on behalf of an entity:			
(Typed or Printed Name)			

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