

P03000021990

(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



500162197975

10/30/09--01012--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 30 PM 3:40

FILED

R.A. Charge
C.COULLETTE

OCT 30 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael Minardi P.A.
Name of Corporation

DOCUMENT NUMBER: P0300002/990

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:

Michael C. Minardi
Name of Contact Person

Michael Minardi P.A.
Firm/Company

5955 SE Federal Highway PMB # 343
Address

STUART FL 34994
City/State and Zip Code

Michael@MINARDILAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C. Minardi at (772) 463-6571
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.

- The name of the corporation: Michael MINARDI, P.A.
- The principal office address: 300 Colorado Ave., Ste 204
Stuart, FL 34994
- The mailing address (if different): _____
- Date of incorporation/qualification: Feb 20, 2003 Document number: PO3000021990
- 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)

Michael Minardi
5955 SE Federal Highway PMB # 313
STUART FL, 34997

- The name and street address of the new registered agent (if changed) and /or registered office (if changed): → Please change all addresses on file to this

Michael Minardi
300 Colorado Ave, Suite 204
P.O. Box NOT acceptable
STUART FL, 34994

FILED
 09 OCT 30 PM 3:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Michael A. Minardi, 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.


Signature of Registered Agent

10-20-09
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

THE Address Below is Also the New Principal Office and Mailing Address.