

P03 0000 29761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paramount Auto & Machine Shop Services Inc.
Name of Corporation

DOCUMENT NUMBER: P03000029761

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:

Agostino Manfre

Name of Contact Person

Paramount Auto & Machine Shop Services Inc.

Firm/Company

6818 Graphic Dr

Address

Port Richey FL 34668

City/State and Zip Code

jpmantfre6404@gmail.com

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

For further information concerning this matter, please call:

Agostino Manfre

Name of Contact Person

at (727) 534 9827
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Paramount Auto & Machine Shop Services Inc.
2. The principal office address: 6818 graphic dr
Port Richey Fl, 34668
3. The mailing address (if different): 12723 Denton Ave Hudson Fl, 34667
4. Date of incorporation/qualification: 03/13/2003 Document number: P03000029761
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)

Agostino Manfre

6818 Graphic Dr

Port Richey Fl, 34668

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

Joseph Manfre

12723 Denton Ave Hudson Fl, 34667

P.O. Box NOT acceptable

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.

Agostino Manfre
Signature of an officer or director

Agostino Manfre 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.

Joseph Manfre
Signature of Registered Agent

11/31/21
Date

If signing on behalf of an entity:

Joseph Manfre
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 (04/13)

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