

P030000082728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

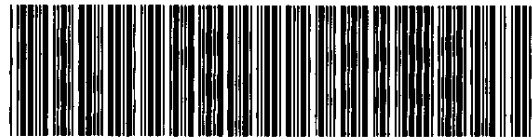
(Business Entity Name)

(Document Number)

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205 Newbury Street P.O. Box 786 Framingham, MA 01701
(508) 875-5222 FAX (508) 879-6803 www.rhglaw.com

OF COUNSEL
ARNOLD L. SLAVET

June 25, 2010

Certified Mail
Return Receipt Requested

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Appenta Corp.
Document No.: P03000082728

Dear Sir/Madam:

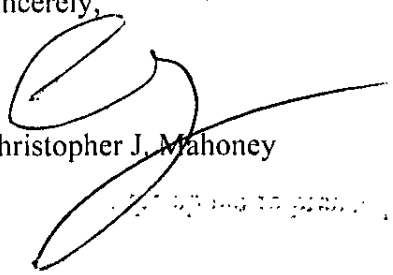
Enclosed please find the following with regard to the above-referenced entity:

1. Cover Letter;
2. Statement of Change of Registered Agent;
3. \$35 filing fee

Kindly date stamp the enclosed copy of the Statement of Change of Registered Agent and return it to us. I have enclosed a self-addressed stamped envelope for your convenience.

Please call if you have any questions. Thank you for your assistance in this matter.

Sincerely,


Christopher J. Mahoney

CJM:clv

Enclosures

ccs: Louise Penta

Beth Marks (with encl.)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Appenta Corp.
Name of Corporation

DOCUMENT NUMBER: P03000082728

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:

Christopher J. Mahoney
Name of Contact Person

Rubin, Hay & Gould, P.C.
Firm/Company

205 Newbury Street
Address

Framingham, MA 01701
City/State and Zip Code

cjmahoney@rhglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Mahoney at (508) 875-5222
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.

1. The name of the corporation: Appenta Corp.
2. The principal office address: 9782 Bentgrass Bend, Naples, FL 34108
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/29/03 Document number: P03000082728
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

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

Louise Penta

9782 Bentgrass Bend

P.O. Box NOT acceptable

Naples, FL 34108

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.

Louise Penta
Signature of an officer or director

Louise Penta, President
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.

Louise Penta
Signature of Registered Agent

6/8/10
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

CR2E045 (8/05)

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