

P04000065981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

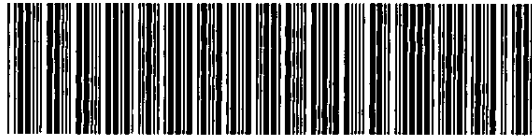
(Business Entity Name)

(Document Number)

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05/04/10--01021--012 \*\*35.00

10 MAY -4 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

5/18/10  
K

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bello Carpet, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P04000065981

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:

Hemerson Patrocinio  
Name of Contact Person

Bello Carpet, INC.  
Firm/Company

2561 Lakeview Ct  
Address

Cooper City, FL 33026  
City/State and Zip Code

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

For further information concerning this matter, please call:

Hemerson Patrocinio at ( 239 ) 384-3394  
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: Bello Carpet, INC.  
2. The principal office address: 2561 Lakeview Ct Cooper City, FL 33026  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/21/2004 Document number: P04000065981

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)

Hemerson Patrocinio

2561 Lakeview Ct

Cooper City, FL 33026

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

Hemerson Garcia Patrocinio

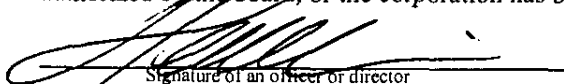
2561 Lakeview Ct

P.O. Box NOT acceptable

Cooper City, FL 33026

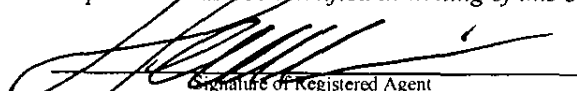
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Hemerson Garcia Patrocinio 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.*

  
Signature of Registered Agent

04/05/10

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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