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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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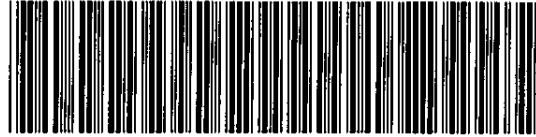
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA. C. S.

1224-01

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polari + Jones, CHL AND - Henry D Polari III PA
(Name of Corporation)

DOCUMENT NUMBER: _____

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:

Henry Polari
(Name of Contact Person)

Polari + Jones, CHL
(Firm/Company)

1110 Polari Dr NW
(Address)

Estero FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Polari at (941) 377 1800
(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

* We are charging 2 hrs.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2007

HENRY PALOCI
P.O. BOX 177
ESTERO, FL 33928

SUBJECT: PALOCI & JONES, CHARTERED
Ref. Number: P06000001252

We have received your document for PALOCI & JONES, CHARTERED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 107A00066728

2007

ENCLOSURE
The document is illegible and not acceptable for imaging.
If you have any questions concerning the filing of your document, please call (850) 245-6916.

**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: PALOCI & JONES CHARTERED
2. The principal office address: 5560 BEE RIDGE RD 7 SARASOTA FL 34233
3. The mailing address (if different): PO BOX 177 ESTERO FL 33928
4. Date of incorporation/qualification: JAN 2006 Document number: _____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HENRY D PALOCI III

5560 BEE RIDGE RD 7 SARASOTA FL 34233

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

SCOTT MARTIN ROTH

2500 AIRPORT RD S #105

(P.O. Box NOT acceptable)

NAPLES FL 34112

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.

Henry Paloci
(Signature of an officer or director)

HENRY D PALOCI III, VP
(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.

Scott Martin Roth
(Signature of Registered Agent)

9/2/07
(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)

FILED
07 DEC 20 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA