

PO60000 68484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GARAMONE INC.
Name of Corporation

DOCUMENT NUMBER: P060000068484

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:

JAMES C. GARAMONE
Name of Contact Person

GARAMONE INC.
Firm/Company

4153 Willow Pond Rd.
Address

MARIANNA, FL 32448
City/State and Zip Code

GARAMONE J C YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES C. GARAMONE at (954) 658-4244
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2011

JAMES C GARAMORE
4153 WILLOW POND RD
MARIANNA, FL 32448

SUBJECT: GARAMONE, INC.
Ref. Number: P06000068484

We have received your document for GARAMONE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 611A00005142

RECEIVED
11 MAR -8 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: GARAMONE INC.
2. The principal office address: 4153 Willow Pond Rd
MARIANNA, FL 32448
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 5/15/2006 Document number: PO6 000068484

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)

Wallis & Wallis
FEDERAL TOWER BUILDING 1600 S. FEDERAL Highway Suite 470
POMPAUN BEACH, FL 33062 954-941-9005

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

James C Garamone
4153 Willow Pond Rd
P.O. Box NOT acceptable
MARIANNA, FL 32448

11 MAR - 8 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

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.

James C Garamone
Signature of an officer or director

JAMES C. GARAMONE (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.

James C Garamone
Signature of Registered Agent

3/1/11
Date

If signing on behalf of an entity:

JAMES C. GARAMONE
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)