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(Reque	estor's Name)	_
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PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of Status	_
Special Instructions to Filin	ng Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nicholas Vincent Parrinello PA
Name of Corporation
DOCUMENT NUMBER: 0700011078
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:
Name of Contact Person Nicholas Vincent Parriaello PA Firm/Company
Name of Contact Person
Michalas Vincent Parrinello PA
· ····································
607 W thratic St.
Address
Tampa FL 33606 City/State and Zip Code Nick. Parrinello @qmayl.com
City/State and Zip Code
MICK. Parrinello@qmayl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 469-5602 Area Code & Daytime Telephone Number
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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Nicholas Vincent Parrinello, PA
2. The principal office address: 607 W Horatro St
Tampa, FL 33606
3. The mailing address (if different):
3. The mailing address (if different): 4. Date of incorporation/qualification: 1/24/2007 Document number: P070000 11078
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)
L 1918 ronge
L Tyler Yonge 6987 E. Fowler Ave
Taupa FL 33617
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Nichelas Parricello 5
607 W Horatio St
Tampa, FL 3360G
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 Nichelas V Paraielle 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.
8/8/23
Signature of Registered Agent 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 (04/13)