

PO8000011870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

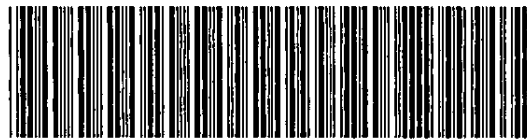
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 13 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PINEYRO LAW FIRM

Name of Corporation

DOCUMENT NUMBER: PO8000011870

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:

JOHNNY PINEYRO, ESQ.

Name of Contact Person

PINEYRO LAW FIRM

Firm/Company

1170 CELEBRATION BLVD., STE. 100

Address

CELEBRATION, FL 34747

City/State and Zip Code

jpineyro@pineyrolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Farmer

Name of Contact Person

at (407) 566-2210

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: PINEYRO LAW FIRM, P.A.
2. The principal office address: 1170 CELEBRATION BLVD., STE. 100
CELEBRATION, FL 34747
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/31/2008 Document number: PO8000011870

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)

JOHNNY PINEYRO, ESQ.

1420 CELEBRATION AVENUE, STE. 102

CELEBRATION, FL 34747

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

JOHNNY PINEYRO, ESQ.

1170 CELEBRATION BLVD., STE. 100

P.O. Box NOT acceptable

CELEBRATION, FL 34747

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OWNER/ATTORNEY

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.

Same
Signature of Registered Agent

AUGUST 2, 2013

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 (03/12)