-P0800000420W

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	∌#)
PICK-UP	☐ WAIT	MAIL
		·
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Amendment Division of C						
SUBJECT: PETTI ENTERPRISES, INC Name of Corporation							
DOCU	MENT NUM	BER: PO	8000042060				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all corr	espondence concerning this matt	ter to the following:				
		REJEAN	LAPIERRE				
		Name of C	Contact Person				
	_		T & ASSOCIATES, INC. Company				
		T HIII/N	Company				
		7491 W OAKLAND P	PARK BLVD., SUITE 306				
	_		ddress				
		LAUDERHILL,	FLORIDA 33319				
	_	City/State	and Zip Code				
		RFJFAN@LAPIE	RREBRAULT.COM				
	Ē	-mail address: (to be used for	future annual report notifica	ition)			
For fur	rther information	on concerning this matter, please	e call:				
	DE	IEAN LADIEDDE	054	740 0000			
		JEAN LAPIERRE of Contact Person	at (<u>954</u>) Area Code & Daytimo	749-8802 Telephone Number			
			•	•			
Enclosed is a \$35.00 check made payable to the Department of State.							
		Mailing Address: Amendment Section	Street Address: Amendment Sect	ion			
		Division of Corporations	Division of Corp				
		P.O. Box 6327	Clifton Building				
		Tallahassee, FL 32314	2661 Executive	Center Circle			
			Tallahassee, FL	32301			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	corporation organized	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of FLORIDA
	5 5			e oj rioriaa.
	the corporation: PET			
			ARK BLVD., SUITE 30	00
LAUDERF	HILL, FLORIDA 33	319		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: _	04/25/2008	Document number:	P08000042060
	I street address of the cu tment of State: (If resig		nt and registered office on f	ile with the
	CORPORATION	SERVICE COM	PANY	7
	1201 HAYS STRE	EET		· · · · · · · · · · · · · · · · · · ·
	TALLAHASSEE,	FLORIFA 3230	1	——————————————————————————————————————
6. The name and (if changed):	d street address of the no	ew register ed agent ((if changed) and /or register	SECULATION IS SECULATION OF ITS SECURITY OF IT
	REJEAN LAPIER	RE		
	7491 W OAKLAN			
		P.O. Box NOT as	cceptable	
	LAUDERHILL, FL	ORIDA 33319		
The street addre	ess of its registered off be identical.	ice and the street ad	dress of the business offic	e of its registered agent,
Such change wa authorized by th	as authorized by resolu he board, or the corpor	ition duly adopted b ation has been notif	y its board of directors or led in writing of the chang	by an officer so
Chely	re of an officer or discretor		ANTOINETT Printed or typed nam	E ALBESI
1		gistered agent and d wisions of all statute ind accept the oblig ect a change in the ing of this change.	agree to act in this capacit es relative to the proper a ation of my position as reg registered office address,	
15	K Jun		04/21/2	2010
S	nature of Registered Agent		Date	
If signing on be	ehalf of an entity:			
RE	EJEAN LAPIERRE			
	Typed or Printed Name			

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