## P0800090116

(Requestor's Name)
·
(Address)
(Address)
(1.2.2.2.5)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Patriot Restoratio  Name of Corpo					
Name of Corpor	Tation				
DOCUMENT NUMBER: P08000	090116				
The enclosed Statement of Change of Registered Office/Ago	ent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the	ne following:				
	-				
Mark H. Mu	ller				
Name of Contact Person					
Mark H. Muller, P.A.					
Firm/Compar	ny				
·					
5150 Tamiami Trail N Address	N., Suite 303				
Naples, FL 3- City/State and Zip	4103 o Code				
Mark@MullerLawNa	aples.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Mark H. Muller at	( 239 ) 774-1436 Area Code & Daytime Telephone Number				
Name of Confact 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

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

statement of chan	ge is submitted for a co	rporation organize	607.1508, or 617.1508, Flor ad under the laws of the State	<sub>e of</sub> <u>Florida</u>	
•	_		d agent, or both, in the State	e of Florida.	
	e corporation: <u>Patrio</u>				
2. The principal o	ffice address: 12455	Julier Biva., IN	apies, FL 34116		
3. The mailing add	dress (if different):				
4. Date of incorpo	oration/qualification:	10/2/2008	Document number:	P08000090116	
	street address of the curn ment of State: (If resigne		at and registered office on fil	le with the	
<u> </u>	Resigned				
_				<del></del>	
(if changed):			f changed) and /or registered	d office IALCA	
<u>'</u>	Mark H. Muller, P.A	١.	•		
5150 Tamiami Trail N., Suite 303 P.O. Box NOT acceptable					
Naples, FL 34103					
		and the street add	dress of the business office		
Such change was authorized by the	authorized by resolution board, or the corporation	on duly adopted by on has been notifi	vits board of directors or bed in writing of the change	y an officer so	
Signature	of an office or director		Joe Marcu Printed or typed name	uco Páes	
I hereby accept th	e amointment as regis	stered agent and a ions of all statute. accept the obliga a change in the re of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I h		
			3/6/201	2	
	ure of Registered Agent	, –	Date		
If signing on beha	If of an entity:				
	ark H. Muller				
type	d or Printed Name				

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