

P10000041159

(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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*RA
change*

05/18/11--01002--015 **20.00

05/18/11--01002--016 **15.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 MAY 17 PM 4: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 17 PM 4: 52

FILED

2011/5/18/11

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wm G. Pontrello P.A.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File Change of R.A.
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____

Signature _____

Requested by BAN 5/17 PM
Name Date Time

Walk-In Will Pick Up

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wm. G. Pontrello P.A.
Name of Corporation

DOCUMENT NUMBER: P10000041159

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:

Wm Pontrello
Name of Contact Person

ATTORNEY
Firm/Company

619 Chestnut ST
Address

Clearwater, FL
City/State and Zip Code

PONTRELLOLAW@Tampa Bay.PR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ric Pontrello at (727) 442-0439
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

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: WM. GUY PONTRELLI, P.A.
2. The principal office address: 619 CHESTNUT ST.
CLEARWATER, FL. 33756
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: MAY 12 2010 Document number: P10000041159
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)

YOUR CAPITAL CONNECTION INC
417 E. VIRGINIA ST
TALLAHASSEE, FL. 32301

2011 MAY 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

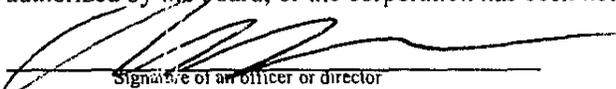
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JANIS PONTRELLI
305 1/2 TH AVE.
P.O. Box NOT acceptable
INDIAN ROCKS BEACH FL. 33785

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

WM. G. Pontrello pres.
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.

Janis Pontrello
Signature of Registered Agent

5-9-11
Date

If signing on behalf of an entity:

Janis Pontrello
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