

P10000041159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600207147416

RA
Change

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

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

RECEIVED
11 MAY 17 PM 4:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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.

Signature

Requested by

Name

Date

Time

Walk-In

Will Pick Up

- ☐ 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

Courier

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:

Bill 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

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.
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]
Signature of an officer or director

WM. G. Pontrelli 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.

[Signature]
Signature of Registered Agent

5-9-11
Date

If signing on behalf of an entity:

Janis Pontrelli
Typed or Printed Name

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