9/1000020621

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filotie #)
PICK-UP WAIT MAIL
(5 ·
(Business Entity Name)
(Document Number)
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COVER LETTER

Amendment Section Division of Corporations

TO:

	1.1. N 1.0		D.4	
SUBJECT:	John Mark Gu Name of C			
DOCUMENT NUMBER:	P11(00002	20621	
The enclosed Statement of Chan	ge of Registered Office	/Agent	and fee a	are submitted for filing.
Please return all correspondence	concerning this matter	to the f	following	•
·			_	
	J. Mark (
	Name of Con	itact Per	rson	
	John Mark (Firm/Co		z PA	
		- F 7		
	2650 Lake Sho	re Driv	/e #904	
	Addr			
	Riviera Beach	n, FL 3	3404	
	City/State and	a Zip C	ode	
	jmarkguidroz@	gmail	.com	
E-mail addre	ess: (to be used for fu	ture an	nual rep	ort notification)
For further information concerning	ig this matter, please ca	all:		
J. Mark Gui	droz	nt (561	299-0207
Name of Contact	Person	Ai (Ai	rea Code	299-0207 & Daytime Telephone Number
Enclosed is a \$35.00 check made	payable to the Departn	nent of	State.	
72. gr 444	A 3.3		G.	
<u>Mailing</u> Amendn	Address: nent Section		Amend	Address: Iment Section
Division	of Corporations		Divisio	on of Corporations
P.O. Box				Building
Tallahas	see, FL 32314			xecutive Center Circle
			Tallaha	issee, FL 32301

CR2E045 (8/05)

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

1. The name of the	corporation: John	Mark Guidro	z PA	
2. The principal of	ffice address: 2650 La	ake Shore Drive	e #904, Riviera Beac	h, FL 33404
3. The mailing add	dress (if different):	·····		
4. Date of incorpor	ration/qualification:	2-28-2011	Document number:	P11000020621o
	treet address of the cur nent of State: (If resign		nt and registered office on	file with the
<u>J</u>	ohn Mark Guidroz			
<u>1</u> ;	250 Placid Ct.			
N	Veston, FL 33327			
		v registered agent (if changed) and /or registe	red office
5. The name and st (if changed):			if changed) and /or registe	red office
5. The name and st (if changed): —	reet address of the nev	Prive #904 P.O. Box NOT ac		red office
5. The name and st (if changed): 20	rect address of the nev 650 Lake Shore D iviera Beach, FL 3	Prive #904 P.O. Box NOT ac 33404	ceptable	FLORDIE -
5. The name and st (if changed): 20 Ri The street address s changed will be	650 Lake Shore Diviera Beach, FL 3	P.O. Box NOT ac 33404 e and the street add	ceptable dress of the business office	te of its registered agent,
5. The name and st (if changed): 20 Ri The street address s changed will be	650 Lake Shore Diviera Beach, FL 3	P.O. Box NOT ac 33404 e and the street add	ceptable	te of its registered agent,
5. The name and st (if changed): 20 Ri The street address s changed will be	650 Lake Shore Diviera Beach, FL 3	P.O. Box NOT ac 33404 e and the street add	ceptable dress of the business office	te of its registered agent, by an officer so ge. roz, President
The name and st (if changed): 20 Ri The street address is changed will be such change was a authorized by the bull hereby accept the further agree to content is being accument is being	650 Lake Shore D iviera Beach, FL 3 of its registered office identical. authorized by resolutionard, or the corporate of t	P.O. Box NOT ac 33404 e and the street add on duly adopted brion has been notification. stered agent and a sions of all statute. accept the obligation of a change in the re-	dress of the business office y its board of directors or the in writing of the change John Mark Guid Printed or typed name agree to act in this capacity	by an officer so ge.
Richard and standard (if changed): 20 Riche street address schanged will be such change was a uthorized by the bull hereby accept the further agree to coment is being accument is being	of its registered office identical. authorized by resolutionard, or the corporational distribution of the corporation of the cor	P.O. Box NOT ac 33404 e and the street add on duly adopted brion has been notification. stered agent and a sions of all statute. accept the obligation of a change in the re-	dress of the business office y its board of directors or the in writing of the change John Mark Guid Printed or typed name agree to act in this capacity	the of its registered agent, by an officer so ge. roz. President me and title

* * * 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 (8/05)