Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150001655173)))



H150001655173ABC+

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone

: (850)205-8642

Fax Number

: (85C)878-5368

Enter the email address for this business entity to be used for future! annual report mailings. Enter only one email address please.

Email Address:



REGISTERED AGENT CHANGE **MEZETTI PAINTING SERVICE INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JUL 08 2014

C. CARROTHERS

Electronic Filing Menu

Corporate Filing Menu

Help

7/7/2015 11:05:10 AM From: To: 8506176380(2/3)

COVER LETTER

SUBJ	MEZETTI PAINTING SERVICE INC
3000	Name of Corporation
DOC	P11000074585 UMENT NUMBER:
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Name of Contact Person
	C T Corporation System
	Firm/Company
	1200 South Pine Island Road
	Address
	Plantation, Florida 33324
	City/State and Zip Code
	CT-statecommunications@wolterskluwer.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	orporation System 518 451-8052
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Malling Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

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

		502, 607.1508, or 617.1508. Florida Statutes, this anized under the laws of the State of Florida	
	· -	stered agent, or both, in the State of Florida.	
1. The name of	of the corporation: MEZETTI PAINTING S	BERVICE INC	
	cal office address: 1117 SW IST WAY DE		
			
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 08/22/2011	Document number: P1 1000074585	
	and street address of the current registered partment of State: (If resigned, enter resig	agent and registered office on file with the ned)	
	MEZETTI, EDUARDO A		
	1117 SW IST WAY		
	DEERFIELD BEACH, FL 33441		
6. The name a (if changed)	and street address of the new registered ag	ent (if changed) and /or registered office	
	CT Corporation System	·	
	c/o C T Corporation System, 1200 South	Pine Island Road	2015 JUL -7
	PO Box NOT acceptable		
	Plantation, Florida 33324		1**** J
The street add	iress of its registered office and the stree	et address of the business office of its registered agent.	7 AM
Such change vauthorized by	was authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.	ڣ
		Eduando Antonio MEZ	·H
, -	name of an affact or director	Printed or typed name and fille	
I hereby occep I further agree performance o agent. Or, if t hereby confirm	pt the appointment as registered agent a e to comply with the provisions of all sta of my dutles, and I am familiar with and this document is being filed merely to rej m that the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address. I in writing of this change.	~ }
By: A . a	orporation System	7/6/2015	
By: John	Cut Cut	Date	
lf signing on b	behalf of an entity:		
Jenifer	r Vincent		
	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
CR2E045 (03/12)