

P110000 82577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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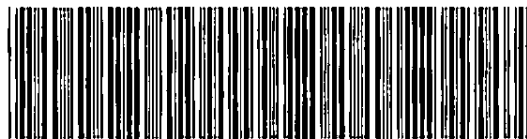
(Business Entity Name)

(Document Number)

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2020 MAY 13 PM 2:12

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY 13 PM 1:33

April 8, 2020

JOHN MATTONE
JOHNMATTONEPARTNERS INC.
1668 CHERRY RIDGE DR
LAKE MARY, FL 32746

SUBJECT: JOHNMATTONEPARTNERS INC.
Ref. Number: P11000082577

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00007519

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JohnMattonePartners, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000082577

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:

John Mattone

Name of Contact Person

JohnMattonePartners, Inc.

Firm/Company

1668 Cherry Ridge Dr

Address

Lake Mary, FL 32746

City/State and Zip Code

john@johnmattone.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Mattone

at (321) 279-4416

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JohnMattoncPartners, Inc.
2. The principal office address: 1668 Cherry Ridge Dr., Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/20/2011 Document number: P11000082577
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)

GARBER, JEFFREY M, ESQ. (Resigned)

515 N. FLAGLER DRIVE 20TH FLOOR

WEST PALM BEACH, FL 33401

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

None WATLE A. MATTONC
1668 Cherry Ridge Ln.
LAKE MARY, FL 32746
P.O. Box NOT acceptable

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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

John Mattonc - Founder (E)
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

5/1/2020
Date

If signing on behalf of an entity:

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
CR2F045 (04/13)