

P120000018794

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 17 AM 8:30

RA/RO Change

MAR 28 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2014

JACQUELINE PEZZA PELLEGRINO
JACQUELINE PEZZA PELLEGRINO PA
630 ANCHOR PT
DELRAY BEACH, FL 33444 US

SUBJECT: JACQUELINE PEZZA PELLEGRINO, PA
Ref. Number: P12000018794

We have received your document for JACQUELINE PEZZA PELLEGRINO, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 814A00005743

*Attn: Tina,
Please backdate my change of
registered agent to 3/11/2014
Thank you,
[Signature]*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACQUELINE PEZZA PELLEGRINO PA
Name of Corporation

DOCUMENT NUMBER: _____

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:

JACQUELINE PEZZA PELLEGRINO

Name of Contact Person

JACQUELINE PEZZA PELLEGRINO PA

Firm/Company

630 ANCHOR PT

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

JACKIE.PEZZA@ELLMAN.COM

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

For further information concerning this matter, please call:

JACQUELINE PEZZA

Name of Contact Person

at (561) 376-3706

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

1. The name of the corporation: JACQUELINE PEZZA PELLEGRINO PA
2. The principal office address: 630 ANCHOR PT, DELRAY BEACH, FL 33444

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/24/2012 Document number: P120000018794

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)

COMPANY CORPORATION

1201 HAYS STREET

TALLAHASSEE, FL 23201

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

JACQUELINE PEZZA PELLEGRINO

630 ANCHOR PT

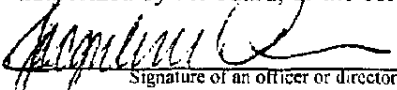
P.O. Box NOT acceptable

DELRAY BEACH, FL 33444

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 17 AM 8:30

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

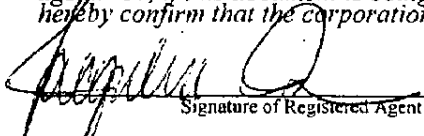
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JACQUELINE PEZZA PELLEGRINO/OWNER

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 of Registered Agent

3/1/2014

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
CR2E045 (03/12)