

P120000069504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

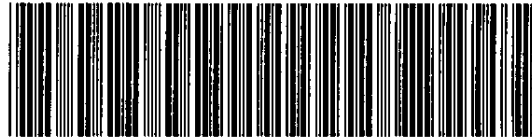
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300300829183

06/29/17--01009--001 \*\*35.00

STONY BROOK CT 06457  
FALL RIVER CT 06424  
JUL 29 P 12:38

T. LEMMEUX

JUL 06 2017

*Handwritten signature/initials*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pan/As Gold N Pawn  
Name of Corporation

**DOCUMENT NUMBER:** P12000069504

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:

Mark Costantine  
Name of Contact Person

# 1 Gold Buyers  
Firm/Company

209 S. Spring Garden Ave Suite C  
Address

Deland, FL 32720  
City/State and Zip Code

Mark.Costantine1080@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Costantine at ( 386 ) 473-8794  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Paulas Golo n Pawn, Inc  
2. The principal office address: 2098 South Spring Garden Ave  
Suite C Deland, FL 32720  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 09/13/2012 Document number: P12000069504

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)

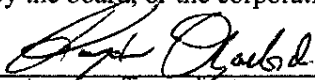
Roydan Oyalbide  
1999 Montfort Lane  
Deltona, FL 32738

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

MARK Costantine  
1019 WILMINGTON DR.  
P.O. Box NOT acceptable  
DELTONA, FL 32725

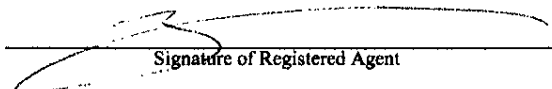
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ROYDAN OYALBIDE  
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

6/20/17  
Date

If signing on behalf of an entity:

MARK COSTANTINE  
Typed or Printed Name

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