

P12000081832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

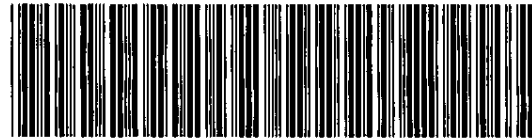
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☐



900253137779

10/28/13--01056--001 \*\*43.75

Special Instructions to Filing Office

Mr. Balestrieri  
gave permission to correct  
new RA name  
12/3/13  
DL

Office Use Only

13 DEC -2 PM 4:00

RA Chang  
12/3/13  
DL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2013

FRANK BALESTRIERI  
BALESTRIERI PAINTING SERVICES INC.  
4103 POLK ST.  
HOLLYWOOD, FL 33021

SUBJECT: BALESTRIERI PAINTING SERVICES INC.  
Ref. Number: P12000081832

RECEIVED  
13 DEC -2 PM 3:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Darlene Connell  
Regulatory Specialist II

Letter Number: 313A00025545

Thanks!  
Again!

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BALESTRICCI PAINTING SERVICES INC.  
Name of Corporation

**DOCUMENT NUMBER:** P12000081832

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:

Frank Balestricci  
Name of Contact Person

BALESTRICCI PAINTING SERVICES INC.  
Firm/Company

4103 POLK ST  
Address

HOLLYWOOD FL 33021  
City/State and Zip Code

FRANKBALESTRICCI2@ATT.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Balestricci at (954) 448-3193  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BALESTRIERI PAINTING SERVICES INC.
2. The principal office address: 4103 POLK ST HOLLYWOOD FL 33021
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 9/27/2012 Document number: P12000081832

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)

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301

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

Anthony Deaquino  
Olesiewicz & Deaquino, P.A.  
2101 W. COMMERCIAL BLVD SUITE 4800  
P.O. Box NOT acceptable  
FONT LAUDERDALE, FL 33309

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.

Joseph Bal / President  
Signature of an officer or director

Frank Balestrieri President  
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

11/21/13  
Date

If signing on behalf of an entity:

ANTHONY DEQUINO  
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