

PI2000083633

(Requestor's Name)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
13 OCT 24 AM 9:25

OCT 29 2013
T. LEBREUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mojica's Painting Inc.
Name of Corporation

DOCUMENT NUMBER: P12000083633

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:

Juan R. Mojica
Name of Contact Person

Mojica's Painting Inc.
Firm/Company

7506 N. Hubert Ave.
Address

Tampa, Florida 33614
City/State and Zip Code

mojicaspaintinginc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Fernandez at 813 481-3487
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2013

JUAN R MOJICA
7506 N HUBERT AVE
TAMPA, FL 33614

SUBJECT: MOJICA'S PAINTING, INC
Ref. Number: P12000083633

RECEIVED
13 OCT 24 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

We have received your document for MOJICA'S PAINTING, INC 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 post office box is not an acceptable address for the registered agent.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 613A00023923

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: Mojica's Painting Inc.
2. The principal office address: 7506 N Hubert Ave, Tampa Florida 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/03/2012 Document number: P12000083633

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)

The Company Corporation

P.O Box 13397

Philadelphia, PA 19101-3397

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

Joanny Nin

3350 W. Hillsborough Ave. #927

P.O. Box NOT acceptable

Tampa, FL 33614

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.

Juan R. Mojica

Signature of an officer or director

Juan R. Mojica

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.

Juan R. Mojica

Signature of Registered Agent

09/27/2013

Date

If signing on behalf of an entity:

Juan R. Mojica

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)

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