

P12000104313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
13 OCT -7 PM 4:12

OCT 14 2013

T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2013

ROBERT CARRIL  
ROBERT CARRIL, PA  
906 RED OAK CT  
WINTER SPRINGS, FL 32708 US

SUBJECT: ROBERT CARRIL, PA  
Ref. Number: P12000104313

We have received your document for ROBERT CARRIL, 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):

An officer / director must sign the enclosed Application for the change of Registered Office and/or 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.

Tina D Carter  
Regulatory Specialist

Letter Number: 313A00022861

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Robert Carril, PA  
Name of Corporation

**DOCUMENT NUMBER:** P12000104313

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:

Robert Carril  
Name of Contact Person

Robert Carril, PA  
Firm/Company

906 Red Oak Ct  
Address

Winter Springs, FL 32708  
City/State and Zip Code

The4ces@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Carril at 407 739-7080  
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: Robert Carril, PA  
2. The principal office address: 906 Red Oak Ct  
Winter Springs, FL 32708  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/02/2013 Document number: P12000104313

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 Street

Tallahassee, FL 32301

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

Robert Carril

906 Red Oak Ct

P.O. Box NOT acceptable

Winter Springs, FL 32708

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.

Robert A Carril  
Signature of an officer or director

Robert Carril D

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.*

Robert A Carril  
Signature of Registered Agent

9/18/2013

Date

If signing on behalf of an entity:

Robert A. Carril  
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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