01300073785

(Re	equestor's Name)						
(Ac	idress)						
(Ac	ddress)						
(Ci	ty/State/Zip/Phon	e #)					
PICK-UP	☐ WAIT	MAIL					
(Ві	usiness Entity Nar	me)					
(Document Number)							
Certified Copies	Certificate:	s of Status					
Special Instructions to	Filing Officer:						
		:					

Office Use Only



500262407675

07/21/14--01016--013 **35.00

CARRY

AUG 01 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kevin Madorin PA Name of Corporation
DOCUMENT NUMBER: P130000 73785
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:
Kevin Madorin Name of Contact Person
Kevin Madorin PA Firm/Company
9618 Renwick Ct. Address
Orlando, FL 32832 City/State and Zip Code
Kevin Madorin Qyahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Madorin Name of Contact Person at (407) 271-9594 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

statement of char	provisions of secti nge is submitted f	or a corporati	ion organized	under the laws	of the State of _	Floria	-		
	r to change its reg		=	_	-	lorida.			
1. The name of the	he corporation:	Kevin	- Trina	orin, p	A				
2. The principal of	office address:	9618	Renwic	ik Ct.					_
		orlando	, FL	02830			<u> </u>		_
3. The mailing ac	ddress (if differen	t):	, ,						_
4. Date of incorp	oration/qualificat	ion: <u>9/5/</u>	2013	Document nu	mber: P/30	0000	737	785	.
	street address of tment of State: (If	resigned, enti	er resigned)	_		th the			
	Corpo	ration	Seri	rice Co	mpany				
•	1201	Hay.	s Sti	reet	-				
-	Talla	hassee	, FL	3230	ompany 1	<u></u> :			
6. The name and (if changed):	street address of	the new regist	ered agent (if	changed) and		ice	♦ 35 2.2	:: <u>!</u>	
-	Kev	in M	adoriv	<u> </u>		111			, 31
	9618	Ken	wick	Ct.				.,	
_	Orlas	ndo, P	EL 3	Ct. table 2832	- -	€	 		•
The street address as changed will i	ss of its registere be identical.	d office and the	he street addr	ess of the busi	ness office of its	register	ed ager	ıt,	
Such change was authorized by the	s authorized by ree board, or the co	esolution duly orporation has	adopted by i	ts board of dir I in writing of	ectors or by an c	officer so)		
The ?	nic:			Kevin	Madorin	_	Pres	ider	rt
·	e of an officer or direct				or typed name and title				
I hereby accept t I further agree to performance of r agent. Or, if this hereby confirm t	the appointment of comply with the my duties, and I of some the state of the corporation	as registered a e provisions o im familiar w ing filed mere ion has been i	agent and agi f all statutes i ith and accep ly to reflect a iotified in wri	ree to act in the relative to the t the obligation change in the iting of this ch	is capacity. proper and comp n of my position registered office ange.	olete as regis e addres.	tered s, I		
Ki 7	mc:				/2014				
Signa	ature of Registered Age	ent	_		Date				
If signing on beh	nalf of an entity:								
Kevin	Madori	'n							
Туј	ped or Printed Name								

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