P140000 36141

(Requestor's Name)			
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
	_		
Special Instructions to	Filing Officer:		

Office Use Only



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'STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR \pm BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	his 	
	the corporation: Joseph DiMaulo, PA		
2. The principa	1 office address: 840 Holly Springs Terrace, Oviedo FL 32765		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 4-22-2014 Document number: P14000036141		
	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)		
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee, FL 32301	BALL	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	**************************************	
	Joseph DiMaulo, PA		
	840 Holly Springs Terrace		
	P.O. Box NOT acceptable		
	Oviedo FL 32765		
The street addr as changed will	ess of its registered office and the street address of the business office of its registere I be identical.	d agent,	
Such change w authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
//7	Joe DiMaulo		
I hereby accept I further agree	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	ered , I	
	10-6-2015		
Sig	hature of Registered Agent Date		
If signing on be	ehalf of an entity:		
1	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)

COVER LETTER

TO: Amer Divis	idment Section ion of Corporations	
SUBJECT:	oseph DiMaulo, PA	
	Name of C	orporation
DOCUMENT	Г NUMBER:	
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matte	r to the following:
	Joe DiMaulo	
	Name of Co	ntact Person
	Joseph DiMaulo, PA	
	Firm/Co	ompany
	840 Holly Springs Terrace	
	Add	ress
	Oviedo FL, 32765	
	City/State ar	nd Zip Code
	jdimaulo@cfl.rr.com	
	E-mail address: (to be used for f	uture annual report notification)
For further in	formation concerning this matter, please	call:
Joe DiMaul	lo	407 756-5057
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Depar	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)