

P15000017637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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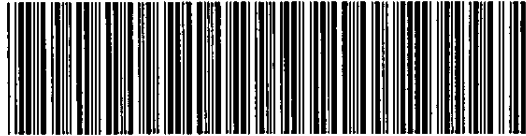
(Business Entity Name)

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DIVISION OF REVENUE  
STATE OF MISSISSIPPI

AUG 26 2015

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GLICE PARENTE, PA  
Name of Corporation

**DOCUMENT NUMBER:** P15000017637

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:

GLICE PARENTE  
Name of Contact Person

GLICE PARENTE, PA  
Firm/Company

12425 SW 91 AVE  
Address

MIAMI, FL 33176  
City/State and Zip Code

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

For further information concerning this matter, please call:

GLICE PARENTE at (410) 422-5081  
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

