

P15000027355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

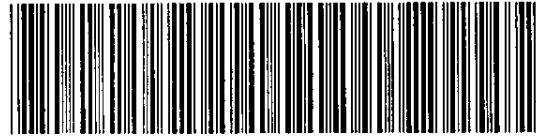
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/23/15--01003--011 \*\*35.00

15 APR 23 PM 12:33  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CL.  
4-29-15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Tommy J. Lenzini PA  
Name of Corporation

DOCUMENT NUMBER: P15000027355

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:

Tommy J. Lenzini  
Name of Contact Person

Tommy J. Lenzini PA  
Firm/Company

3003 S. ATLANTIC AVE #15A1  
Address

DAYTONA BEACH SHORES FL 32118  
City/State and Zip Code

+lenzini@tworld.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Lenzini at (407) 766 7871  
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.

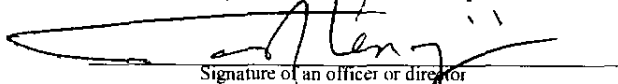
1. The name of the corporation: Tommy J. LENZINI PA
2. The principal office address: 3003 S ATLANTIC ISAL  
DAYTONA BEACH SHORES, FL 32118
3. The mailing address (if different):  
SAME (PLEASE CHANGE ON STATE RECORDS)
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P15000027355
5. 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)  
Tommy J. LENZINI  
2 OCEANS WEST BLVD UNIT 1205  
DAYTONA BEACH SHORES, FL 32118

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

Tommy J. LENZINI  
3003 S. ATLANTIC AVE # 15A1  
P.O. Box NOT acceptable  
DAYTONA BEACH SHORES, FL 32118

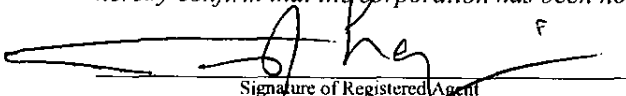
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Tommy J. LENZINI P.  
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.

  
Signature of Registered Agent

April 20, 2015  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)