

P15000027800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

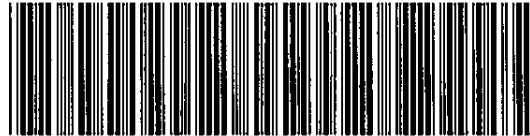
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2016

ROBERT DERUPO  
ROBERT DERUPO, P.A.  
2219 SE 10TH LANE  
CAPE CORAL, FL 33990

SUBJECT: ROBERT DERUPO, P.A.  
Ref. Number: P15000027800

We have received your document for ROBERT DERUPO, P.A. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 516A00013925

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ROBERT DERUPO P.A.  
Name of Corporation

**DOCUMENT NUMBER:** 715000027800

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 DERUPO  
Name of Contact Person

ROBERT DERUPO P.A.  
Firm/Company

1808 SE 10TH ST  
Address

CAPE CORAL, FL 33990  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

16 AUG 22 AM 8:25  
CR 2045 (03/12)

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBERT DE RUPO, P.A.
2. The principal office address: 1808 SE 10TH ST  
CAPE CORAL, FL
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/24/15 Document number: 715000027800
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)

ROBERT DE RUPO  
2219 SE 10th Lane  
CAPE CORAL, FL 33990

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

ROBERT DE RUPO  
1808 SE 10TH ST  
CAPE CORAL, FL 33990

P.O. Box NOT acceptable

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FILED

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, for the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

ROBERT DE RUPO  
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]  
Signature of Registered Agent

8-17-16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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