

P15000039406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

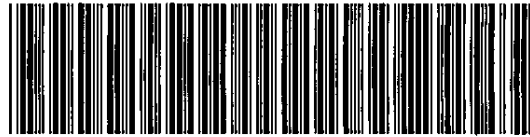
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

12/19/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARIA FONTANELLA, PA
Name of Corporation

DOCUMENT NUMBER: P15000039406

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:

MARIA FONTANELLA
Name of Contact Person

MARIA FONTANELLA, PA
Firm/Company

346 SW 191ST TERRACE
Address

PENMOKE PINES, FL, 33029
City/State and Zip Code

FLORENCIA.FONTANELLA@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA FONTANELLA at (305) 509-1585
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

MARIA FONTANELLA
346 SW 191 ST TERRACE
PEMBROKE PINES, FL 33029

SUBJECT: MARIA FONTANELLA, PA
Ref. Number: P15000039406

We have received your document for MARIA FONTANELLA, PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Registered Agent must be added to part 6 of your form.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 015A00025357

**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: MARIA FONTANELLA, PA
2. The principal office address: 346 SW 191ST terrace, Pentnake
Pines, FL, 33029
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/30/15 Document number: P13000039406

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)

The company Corporation
2711 Centerville rd #400
Wilmington, DE, 19808

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

MARIA FONTANELLA
346 SW 191ST terrace
Pentnake Pines, FL, 33029

P.O. Box NOT acceptable

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

MARIA FONTANELLA
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

12.10.15
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