

P15 0000 45865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

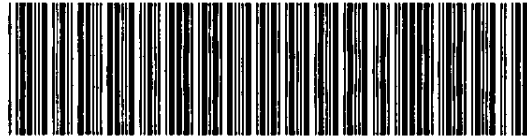
(Business Entity Name)

(Document Number)

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UNIVERSITY OF STATE  
TALLAHASSEE, FLORIDA

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C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2015

ANDREA X PONTORNO PA  
9321 SOUTHERN ORCHARD RD N  
DAVIE, FL 33328

SUBJECT: ANDREA X. PONTORNO, PA  
Ref. Number: P15000045865

We have received your document for ANDREA X. PONTORNO, 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):

**SIGNATURES ARE REQUIRED.**

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 115A00023429

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ANDREA X. PONTORNO, PA

Name of Corporation

DOCUMENT NUMBER: P15000045865

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:

ANDREA X. PONTORNO, PA

Name of Contact Person

ANDREA X. PONTORNO, PA

Firm/Company

9321 SOUTHERN ORCHARD RD N.

Address

DAVIE, FL 33328

City/State and Zip Code

ANDREAXPONTORNO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA X. PONTORNO, PA at ( 954 ) 383-3455

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: ANDREA X. PONTORNO, PA  
2. The principal office address: 9321 SOUTHERN ORCHARD RD N. DAVIE, FL 33328

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/21/2015 Document number: P15000045865

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)

CORPORATION SERVICE COMPANY

1201 HAYS STREET TALLAHASSEE, FL 32301

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

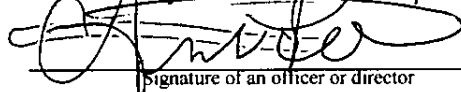
ANDREA X. PONTORNO

9321 SOUTHERN ORCHARD RD N. DAVIE, FL 33328

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

  
\_\_\_\_\_  
Signature of an officer or director

Andrea X. Pontorno

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

10/29/2015

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)

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DEPT. OF STATE  
TALLAHASSEE, FL 32301

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