## P1500058447





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## **COVER LETTER**

Division of Corporations Pacific Drywall and Painting Inc Name of Corporation P15000058447 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: Andy Alarcon Name of Contact Person Firm/Company 616 Longcrest Lane Address Orange Park FL 32065 City/State and Zip Code pacificdrywall@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andy Alarcon Name of Contact Person 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

TO:

Amendment Section

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this corporation organized under the laws of the State of Florida
	red office or registered agent, or both, in the State of Florida.  Ific Drywall and Painting Inc
2. The principal office address: 616	Longcrest Lane, Orange Park FL 32065
3. The mailing address (if different):_	
4. Date of incorporation/qualification:	2015 Document number: P15000058447
5. The name and street address of the of Florida Department of State: (If resi	current registered agent and registered office on file with the igned, enter resigned)
Resigned	
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office
Dunia L. Santo	os Castillo
616 Longcrest	
Orange Park F	P.O. Box NOT acceptable  L 32065
	fice and the street address of the business office of its registered agent.
	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
Signature of an officer or director	Andy Alarcon Printed or typed name and title
I hereby accept the appointment as re I further agree to comply with the pro- performance of my duties, and I am f	egistered agent and agree to act in this capacity.  ovisions of all statutes relative to the proper and complete amiliar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.
Ounio Santos	11/18/2018
If signing on behalf of an entity:	Date
Dunia L. Santos Castillo	
Typed or Printed Name	<del></del>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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