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COVER LETTER

Division of Corporations		
SUBJECT: LAURENTIU V. STANICA, PA Name of Corporation		
DOCUMENT NUMBER: P 15 0000 66 908		
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:		
LAURENTIU V. STANICA, PA Name of Contact Person LAURENTIU V. STANICA, PA Firm/Company		
· · ·		
1369 PONCE DRIVE		
CELEBRATION FL 34747 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
-AURENTIU V. STANICA at (186), 562 1960 Name of Contact Person Area Code & Daytime Telephone Number		
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
1. The name of the corporation: LAURENTIU V. STANICA 2. The principal office address: 1369 PONCE ARIVE
CELEBRATION , FL 34747 3. The mailing address (if different):
4. Date of incorporation/qualification: 68 07 / 15 Document number: 7 15000066 908 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)
COT ponation Service Company 1201 Hays Street Tallahassee FL 32301 ARE Tallahassee FL 32301 ARE To light and for registered office (if changed): LAURENTIU V. STANICA 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. LAURENTIU V. STANICA Signature of an officer or director 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.
By: Signature of Registered Agent Aure V. STANICA Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed or Printed Name Typed Or Printed Name Typed or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Printed Name Typed Or Pr

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