

Plk 00000867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

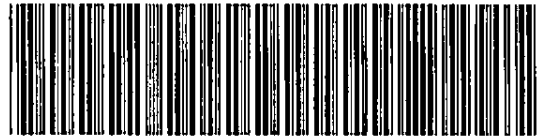
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SEP 14 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 13 AM 10:27

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

KIMBERLEY BRUNETTO
KIMBERLEY LYNN BRUNETTO PA
7336 LAKE FOREST GLEN
LAKEWOOD RANCH, FL 34202

SUBJECT: KIMBERLEY LYNN BRUNETTO, PA
Ref. Number: P16000008067

We have received your document for KIMBERLEY LYNN BRUNETTO, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A00016557

RECEIVED
17 SEP 13 PM 2:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kimberley Lynn Brunetto PA

Name of Corporation

DOCUMENT NUMBER: P16000008067

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:

Kimberley Brunetto

Name of Contact Person

Kimberley Lynn Brunetto PA

Firm/Company

7336 Lake Forest Gln.

Address

Lakewood Ranch Fl 34202

City/State and Zip Code

kpbrunetto @gmail.com

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

For further information concerning this matter, please call:

Kimberley Brunetto

Name of Contact Person

at (941) 321-1163

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: Kimberley Lynn Brunetto, PA
2. The principal office address: 7336 Lake Forest Gln
Lakewood Ranch, FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: January 15, 2016 Document number: P16000008067
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):

Kimberley Brunetto

7336 Lake Forest Gln.

P.O. Box NOT acceptable

Lakewood Ranch, FL 34202

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.

Kimberley Lynn Brunetto
Signature of an officer or director

Kimberley Lynn Brunetto 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.

Kimberley Lynn Brunetto
Signature of Registered Agent

7/31/17
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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE