## P160000 27559

(Requestor's Name)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
/		
(Docyment Number)		
1/		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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S. TALLENT APR 0 4 2017

RROW



## **COVER LETTER**

Division of Corporations	
SUBJECT: Pino Flo	Doring Installations Inc
DOCUMENT NUMBER: Y 16000	027559
The enclosed Articles of Correction and fe-	e are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Peter Pino Name of Contact Person	
Pinc Flooring Installer 2570 N Paverline Rds	tions Inc
2570 N Paverline Rd S	Suitesol
Panpano Beach Fl.	33019
Deter CHHH @ and . Co	port notification)
For further information concerning this ma	tter, please call:
Peter Pino Name of Contact Person	at (954) 8815508 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
□ \$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
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: Pino Flevring Installations In
2. The principal office address: 6915 Ocala Lane,  Parkland F7, 33007
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 03/23/16 Document number: P 1600027559
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)
6915 Ocala Lane
Parkland FL 33007
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Peter Pino Managed:  Peter Pino Managed:  Po. Ros NOT acceptable  Parkland FL 33007
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.  Thereby 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 Date  If signing on behalf of an entity:

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