P1600058211

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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July 9, 2018

MAUREEN C CHIOFALO ALPERT & CHIOFALO, P.A. 1800 SECOND STREET STE 705 SARASOTA, FL 34236

SUBJECT: ALPERT & CHIOFALO, P.A.

Ref. Number: P16000058211

We have received your document for ALPERT & CHIOFALO, P.A. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

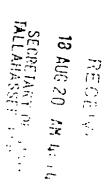
We are enclosing the proper form(s) with instructions for your convenience.

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: 718A00014037



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALPERT & CHIOFALD PA Name of Corporation
DOCUMENT NUMBER: P / 6000 5 8211
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:
Maurela C. Chiofelo Name of Contact Person ALPERT + CHIOFALD, PA
1800 Second St, Svite 705
Socres ote FL 3/236 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maureen Chiufelo at (441) 954-1700 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

in order	r to change its registered office (on organized under the laws of the State of	rida.
1. The name of t	the corporation: Fliper	+ + Chingalo, P.A	
2. The principal	office address: / 800	Second St., Svite 71 ta, FL 37236	0_\
3. The mailing a	iddress (if different):		
4. Date of incon	poration/qualification: $7 - 8$	-/6 Document number: P 160	100058211
	I street address of the current regitiment of State: (If resigned, enter	gistered agent and registered office on file with per resigned)	the
	Shelley Mcl	Denia/	
	1800 2º 5 ec	und 5t., Suite 705	
		FL 34236	
6. The name and (if changed):	I street address of the new regist	ered agent (if changed) and /or registered office	T8 AUI
	Marreen	Chiogala	71L 6 20 ASSE
	1800 Secon	O. Box NOT acceptable	
	500, 70 t), Hox NOT acceptable FL 37236	IO: 48
The street addre as changed will	ess of its registered office and the identical.	he street address of the business office of its re	gistered agent.
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an offi- been notified in writing of the change.	icer so
7	ne of an officer or director	agent and agree to act in this capacity.	horalo, Dia
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered of to comply with the provisions of my duties, and I am familiar wi is document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and comple ith and accept the obligation of my position as by to reflect a change in the registered office a solitited in writing of this change.	registered
2	6	8-17-18 Date	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		

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 * * *