

P16000058211

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FILED
18 AUG 20 AM 10:48
TALLAHASSEE, FLORIDA

AUG 21 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

RECEIVED
18 AUG 20 AM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALPERT + CHIOFALO, PA
Name of Corporation

DOCUMENT NUMBER: P16000058211

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:

Maureen C. Chiofalo
Name of Contact Person

ALPERT + CHIOFALO, PA
Firm/Company

1800 Second St, Suite 705
Address

Sarasota, FL 34236
City/State and Zip Code

maureen@suncoastfamilylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maureen Chiofalo at (941) 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**

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: Alpert & Chingalo, P.A.
2. The principal office address: 1800 Second ST., Suite 705
Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-8-16 Document number: P16000058211
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)
Shelley McDaniel
1800 2nd Second ST., Suite 705
Sarasota FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maureen C. Chingalo
1800 Second ST., Suite 705
Sarasota, FL 34236

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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.

[Signature]
Signature of an officer or director

Maureen C. Chingalo, Direct
Printed or typed name and title Owner

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.

[Signature]
Signature of Registered Agent

8-17-18
Date

If signing on behalf of an entity:

Maureen C. Chingalo
Typed or Printed Name

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