## P1700037538

(Re	equestor's Name)	
(Ac	ddress)	
(Address)		
(Ci	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT WAIT	MAIL
(Br	usiness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

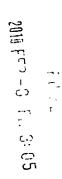
Office Use Only

611-



800307533498

01/17/18--01003--011 \*\*35.00



C. GOLDEN FEB - 8 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: John E Time DDL PA  Name of Corporation		
DOCUMENT NUMBER: 17006037538		
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:		
Name of Contact Person		
Nume of Comment 1 closes.		
John E Tiano  3348 Fanny Bay Lane  Naples FL 34114		
City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
1man address. (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (412) 600 7309  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



January 19, 2018

JOHN TIANO 3348 FANNY BAY LANE NAPLES, FL 34114

SUBJECT: JOHN E. TIANO DDS, P.A.

Ref. Number: P17000037538

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

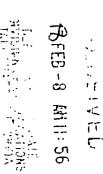
The registered agent must sign accepting the designation.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 518A00001201



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Fursuant 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 Quantum organized under the laws of the State of Florida Quantum organized under the laws of the State of Florida Statutes, this
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: JOHN E Trand DO-S AA
2. The principal office address: John E Tiano
Naples FL 34114  3. The mailing address (if different):
4. Date of incorporation/qualification: $\frac{4/27/2017}{2017}$ Document number: $\frac{9/70000}{3753}$
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)
Jucos Savices Inc
17888 67th CT-N
Loxabatchee FL 33470
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):
John E Tiano  3348 Fanny Bay Lane Naples FL 34114
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.
Senature of an officer of director  Senature of an officer of 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.
Signature of Registered Agent 2/5/18 Date
If signing on behalf of an entity:
JOHNE Tiaw O Typed or Printed Name

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