

P17000078855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

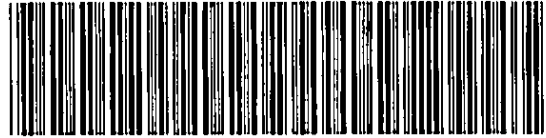
(Business Entity Name)

(Document Number)

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JUL 25 2018

J. MCNAIR

COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS

TO: Amendment Section
Division of Corporations

2018 JUL 23 AM 11:18

SUBJECT: Peter^{Jon} Marz0, P.A.
Name of Corporation

DOCUMENT NUMBER: P17000078855

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:

Peter Marz0
Name of Contact Person

Peter Jon Marz0, P.A.
Firm/Company

400 N Ashley Drive Suite 1900
Address

Tampa, FL 33602
City/State and Zip Code

marz02real@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Marz0 at (516) 315-9951
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peter Jon Marzco, P.A.
2. The principal office address: 100 S Ashley Drive Suite 600 Tampa, FL 33602
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/29/17 Document number: A7000078855

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)

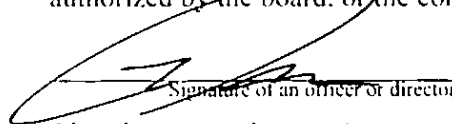
Peter Marzco
** 100 S Ashley Drive Suite 600
** Tampa, FL 33602

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

Peter Marzco
** 400 N Ashley Drive Suite 1900
P.O. BOX NOT acceptable
** Tampa, FL 33602

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.

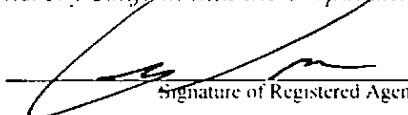


Signature of an officer or director

Peter Marzco President

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

7/16/18

Date

If signing on behalf of an entity:

Typed or Printed Name

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

FILED
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DIVISION OF CORPORATIONS
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