

P1800057477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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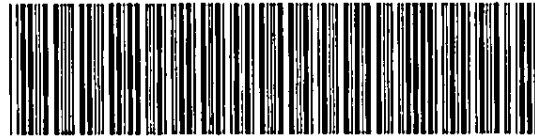
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 23 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **TRINA BOSCO PA**  
Name of Corporation

DOCUMENT NUMBER: **P18000057499**

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:

**Madeleine Rees**

Name of Contact Person

Firm/Company

**4314 Lamson Avenue**

Address

**Spring Hill, FL 34608**

City/State and Zip Code

**madeleine@franklinaccounting.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Madeleine Rees**

Name of Contact Person

at ( **352** ) **684-3535**

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: TRINA BOSCO, PA
2. The principal office address: 6603 DRIFTWOOD DRIVE  
HUDSON, FL 34667
3. The mailing address (if different): PO BOX 5891, HUDSON FL 34674
4. Date of incorporation/qualification: 06/22/2018 Document number: P18000057499
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)

TRINA L. BOSCO  
6033 DRIFTWOOD DRIVE  
HUDSON, FL 34667

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

TRINA L. BOSCO  
6603 DRIFTWOOD DRIVE  
HUDSON, FL 34667

P.O. Box NOT acceptable

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.

Trina L. Bosco  
Signature of an officer or director

TRINA L. BOSCO  
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.*

Trina L. Bosco  
Signature of Registered Agent

TRINA L. BOSCO  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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