

P19000101561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

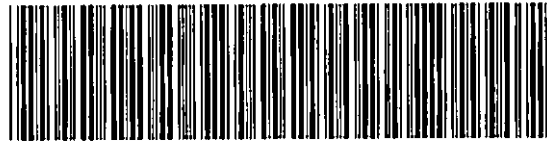
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2020 FEB 11 PM 5:59

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FL 32301

FEB 11 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

MARIA SOBALVARRO HERRERA
DNO PAINTING OF SOUTH FLORIDA INC
4645 GUN CLUB ROAD STE 13
WEST PALM BEACH, FL 33411

SUBJECT: DNO PAINTING OF SOUTH FLORIDA INC.
Ref. Number: P18000101561

We have received your document for DNO PAINTING OF SOUTH FLORIDA INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 120A00001048

2020 FEB 11 PM 12:28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DNO PAINTING OF SOUTH FLORIDA INC
Name of Corporation

DOCUMENT NUMBER: P18000101561

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:

MARIA SOBALVARRO HERRERA

Name of Contact Person

DNO PAINTING OF SOUTH FLORIDA INC

Firm/Company

4645 GUN CLUB ROAD SUITE 13

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

GROUPENAMORADO@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA SOBALVARRO HERREA

Name of Contact Person

at (561) 633-3028
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

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: DNO PAINTING OF SOUTH FLORIDA INC
2. The principal office address: 4645 GUN CLUB ROAD SUITE 13, WEST PALM BEACH, FL 33415

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/12/2018 Document number: P18000101561

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)

DENIS ORTIZ (RESIGNED)

85 LANCASTER DRIVE

GREENACRES, FL 33463

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

MARIA SOBALVARRO HERRERA

4645 GUN CLUB ROAD SUITE 13

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33415

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 FEB 11 PM 5:59

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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.

Maria Sobalvarro
Signature of an officer or director

MARIA SOBALVARRO
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.

Maria Sobalvarro
Signature of Registered Agent

12/06/2019

Date

If signing on behalf of an entity:

MARIA SOBALVARRO HERRERA

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)