

P221693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

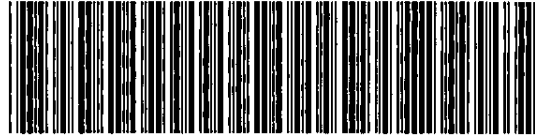
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wrong form & fee

Office Use Only



100289202201

09/21/16--01003--008 \*\*10.00

08/22/16--01018--022 \*\*25.00

*R. White*  
SEP 23 2016  
R. WHITE

FILED  
16 SEP 21 AM 10:03  
SEP 21 2016  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2016

CARL J DOMINO  
515 N FLAGLER DR STE 808  
W PALM BEACH, FL 33401

SUBJECT: CARL DOMINO, INC.  
Ref. Number: P22693

We have received your document for CARL DOMINO, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$ is due.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 916A00018572

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Carl Domino, Inc.

Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Cristina Amor

Name of Contact Person

Carl Domino, Inc.

Firm/Company

515 North Flagler Drive Ste 808

Address

West Palm Beach, FL 33401

City/State and Zip Code

ca@carldomino.com

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

16 SEP 19 AM 6:12

For further information concerning this matter, please call:

Cristina Amor

Name of Contact Person

at 561 833-2882

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: Carl Domino, Inc.
2. The principal office address: 515 North Flagler Drive Ste 808  
West Palm Beach, FL 33401
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/19/1986 Document number: \_\_\_\_\_

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)

Michael J. Dixon

515 North Flagler Drive Ste 808

West Palm Beach, FL 33401

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

Carl J. Domino

515 North Flagler Drive Ste 808

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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.

Carl J. Domino  
Signature of an officer or director

Carl J. Domino Owner/Operator  
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.*

Carl J. Domino  
Signature of Registered Agent

9/16/16  
Date

If signing on behalf of an entity:

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

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