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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: PARUOLO'S LANDSCAPE & DESIGN	, INC
	(Na	ne of corporation)
DOC	UMENT NUMBER; P9500093023	
The er	nclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this ma	ter to the following:
	Joseph Cartolano	
	N	ime of person)
	Law Office of Joseph Cartolano, P.A.	of firm/company)
	(Name	of firm/company)
4	6 N.E. 6th Street	(Address)
		,
	Miami, Florida 33132	
		tate and zip code)
For fu	rther information concerning this matter, pleas	e call:
Josep	ph Cartolano	at (305) 577 3302
	(Name of person)	at (305) 577 3302 (Area code & daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Dep	artment of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations 409 E. Gaines Street
	P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399
	THE PROPERTY OF THE PARTY OF TH	141,411,600-00, 1 to 02077

CR2E045(03/03)

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

	•	02, 607.1508, or 617.1508, Florida Statutes, he laws of the State of Florida	this statement ofin order
to change its re	zistered office or registered agent, or bot	h, in the State of Florida.	
I. The name of	the corporation: PARUOLO'S LANDSC	AFE & DESIGN, INC.	
2. The principa!	office address: 13301 SW 192ND ST N	MAMI FL 33177	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 06/01/96	Document number: P9500093023	
	d street address of the current registered a tment of State:	igent and registered office on file with the	
	Joseph Cartolano		<u> </u>
2307 Douglas Road, Ste. 401			
	Coral Gables, Florida 33145		<u></u>
6. The name and (if changed):	d street address of the new registered ages	nt (if changed) and /or registered office	
	Jospeh Cartolano		RY SEE
	46 N.E. 6th Street		- F-S
	- PAI		
	Miami, Florida 33132		_ S M
The street addre	ess of its registered office and the street identical.	address of the business office of its registe	cred agent, as
		d by its board of directors or by an officer ng of the change.	
×/h	april	Charles Paruolo	
(5	ignature of an otticer or director)	(Printed or typoul name and	
I hereby accept I further agree duties, and I an being filed mer been notified in	the appointment as registered agent and to comply with the provisions of all states (familiar with and accept the obligation by to reflect a change in the registered writing of this change.	nd agree to act in this capacity. tutes relative to the proper and complete p in of my position as registered agent. Or, i office address, I hereby confirm that the c	erformance of my if this document is orporation has
	((/ / 	06/11/04	
7-4	(Signature of Registered Agent)	(Date)	
If signing on be	half of an entity:		
ι		- 10,000	
	(Typed or Printed Name)	(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL FO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314