



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Complete Property Services Inc.  
Name of Corporation

DOCUMENT NUMBER: P916 000000 186

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:

Joseph Pirolozzi

Name of Contact Person

Complete Property Services Inc

Firm/Company

13505 Prestige Place

Address

Tampa FL 33635

City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Pirolozzi

Name of Contact Person

at ( 727 ) 793-9777

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

**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: Complete Property Services Inc
2. The principal office address: 13505 Prestige Place  
Tampa FL 33635
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ 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)

Angela Krueger Resigned  
140 Pine Ave S  
Oldsmar FL 34677

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

Joseph Pirolozzi  
13505 Prestige Place  
Tampa FL 33635

P.O. Box NOT acceptable

16 JUL 25 PM 3:32  
TALLAHASSEE, FL 32314

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] CEO  
Signature of an officer or director

Joseph Pirolozzi CEO  
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]  
Signature of Registered Agent

6/10/16  
Date

If signing on behalf of an entity:

Joseph Pirolozzi  
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