P96000057653

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MAR 1 8 2015 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Anne F. Borghetti, P.A.

Name of Corporation

DOCUMENT NUMBER. P96000057653

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:

Anne F. Borghetti

Name of Contact Person

Anne F. Borghetti, P.A.

Firm/Company

12211 49th Street North, Suite 1

Address

Clearwater, FI 33762

City/State and Zip Code

Aborghetti@aol.com

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

For further information concerning this matter, please call:

Anne F. Borghetti

.727 .

502-0300

Name of Contact Person

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statu ganized under the laws of the State of Florid	da
		gistered agent, or both, in the State of Flori	da.
	he corporation: Anne F. Borghe		
2. The principal	office address: 12211 49th Stre	eet North, Suite 1, Clearwater, F	1 33762
*			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: July 6, 199	Document number: P960000	57653
	street address of the current register tment of State: (If resigned, enter res	ed agent and registered office on file with thigned)	ıe
	Anne F. Borghetti		
	520 Second Avenue South	1	
	St. Petersburg, Fl 33701		SE TAL
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of		ECRUTAR LUARASS MAR 16
	Anne F. Borghetti		
	12211 49th Street North, S	Suite 1	STATELOR
•		NOT acceptable	TE NDA
	Clearwater, FI 33762		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its reg	gistered agent,
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officent in orified in writing of the change.	er so
Anne F. Borghetti, President Signature of an officer or director Printed or typed name and title			
I further agree i performance of agent. Or, if th	my duties, and I am familiar with a	statutes relative to the proper and complet nd accept the obligation of my position as reflect a change in the registered office aa	registered
gane 1	- Byhitt	March 11, 2015	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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