P96000099587

(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:				
STEP AND				





300431135443

06/11/24--01021--026 **95.00



(35)

COVER LETTER

TO:	Amendment Section Division of Corporations	•
SUBJ Name	ECT: Frank P Bianco PA of Corporation	
DOC	UMENT NUMBER: P96000099587	
The e	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	s matter to the following:
Frank	P Bianco	
Name	of Contact Person	
Firm/C	Company	
РО Во	• •	
Addre	SS	 _
New P	ort Richey, Florida 34656	
	tate and Zip Code	
	biancolaw.npr@gmail.com	
E-mai	address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter,	please call:
Frank l	P Bianco	at (727)843-0097 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	eed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Sto on organized under the laws of the State of Flo or registered agent, or both, in the State of Flo	rida		
	the corporation: Frank P Bianco F	-	тиа.		
2. The principal	office address: 8300 Massachuset	ts Avenue, New Port Richey, Florida 34653			
3. The mailing a	address (if different): PO Box 31	New Port Richey, Florida 34656			
	4. Date of incorporation/qualification: 12/06/1996 Document number: P96000099587				
5. The name and		istered agent and registered office on file with			
	Frank P Bianco (resigned)				
	8300 Massachusetts Avenue		2024		
	New Port Richey, Florida 34653		024 JUL		
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	. _		
	Registered Agents Inc 40	David Roberts	lı: 27		
	7901 4th St. N STE300				
	St. Petersburg, Florida 33702	P.O. Box NOT acceptable			
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its re	egistered agent,		
Such change wa authorized by th	s authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an off been notified in writing of the change.	ficer so		
	12/2	Frank P Bianco Director			
-	e of an officer or director	Printed or typed name and title			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in this capacity, all statutes relative to the proper and comple the obligation of my position as registered a ge in the registered office address, I hereby o change.	ete performance gent. Or, if this confirm that the		
Do	rvid Soberts	5/31/2024			
	ature of Registered Agent	Date			
II signing on bel	oalf of an entity:				
David Rol					
I y	ped or Printed Name				

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