

P96000102016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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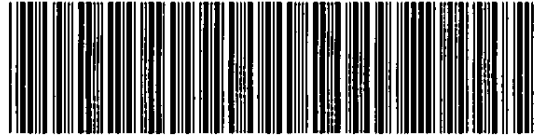
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**                      Pirro Enterprises, Inc.  
Name of Corporation

**DOCUMENT NUMBER:**                      P96000102016

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:

**Steve Pirro**  
Name of Contact Person

**Pirro Enterprises, Inc.**  
Firm/Company

**717 Fox Dale Lane**  
Address

**Farragut, TN 37934**  
City/State and Zip Code

**pirro.michele@yahoo.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michele Pirro** at ( **865** ) **671-0196**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2009

Steve Pirro  
Pirro Enterprises, Inc.  
717 Fox Dale Lane  
Farragut, TN 37934

SUBJECT: PIRRO ENTERPRISES, INC.  
Ref. Number: P96000102016

We have received your document for PIRRO ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Sandra Bloom sign the document as the new registered agent in the space provided at the bottom of the page.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 709A00025797

**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: **Pirro Enterprises, Inc.**
2. The principal office address: **8144 NW 6th Court**  
**Coral Springs, FL 33071**
3. The mailing address (if different): **717 Fox Dale Lane**  
**Farragut, TN 37934**
4. Date of incorporation/qualification: **Dec 18, 1996** Document number: **96000702016**

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)

**Steven Pirro**  
**6395 NW 71 Terrace**  
**Parkland FL 33067**

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

**Sandra Bloom**  
**8144 NW 6th Court**  
**Coral Springs, FL 33071**

P.O. Box NOT acceptable

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 of an officer or director

**Steven Pirro 7/16/09**

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 of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314