

P97000002487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

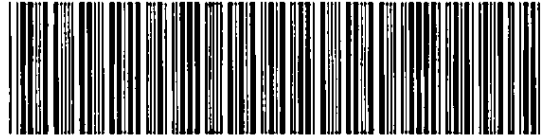
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600313422506

05/21/18--01009--019 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
200 MAY 21 AM 11:31

MAY 23 2018
McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Colo Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000002487

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:

Paula Uselis

Name of Contact Person

Colo Solutions, Inc.

Firm/Company

30 Turtle Creek Circle

Address

Oldsmar, FL. 34677

City/State and Zip Code

paulauselis@gmail.com

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

For further information concerning this matter, please call:

Paula Uselis

Name of Contact Person

at (**727**) **742-0523**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 21 AM 11:31

**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: Colo Solutions, Inc.
2. The principal office address: 30 Turtle Creek Circle Oldsmar, FL. 34677
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/6/1997 Document number: P97000002487
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)

Paula Uselis

100 West Lucerne Circle Suite 201

Orlando FL. 32801

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

Paula Uselis

30 Turtle Creek Circle

P.O. Box NOT acceptable

Oldsmar, FL. 34677

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.

Paula Uselis
Signature of an officer or director

Paula Uselis

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.

Paula Uselis
Signature of Registered Agent

5/18/18

Date

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 6327, TALLAHASSEE, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 21 AM 11:31