## P97000037151

(Requestor's Name) .
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Polar + Bor: Cl And (Name of Corpor	ation) Relation Property
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	
Poloni + Dies CL+L (Firm/Company)	
(Name of Contact	Person)
Polow + June CL+L	
(Firm/Company)	ny) .
(Address)	
City/State and Zip	n Codo)
For further information concerning this matter, please call:	code)
	(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

CR2E045 (8/05)



October 22, 2007

HENRY PALOCI P.O. BOX 177 ESTERO, FL 33928

SUBJECT: HENRY D. PALOCI III, P.A.

Ref. Number: P97000037151

We have received your document for HENRY D. PALOCI III, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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) 245-6916.

Letter Number: 907A00061874

Carol Mustain Regulatory Specialist II



November 20, 2007

HENRY PALOCI P.O. BOX 177 ESTERO, FL 33928

SUBJECT: HENRY D. PALOCI III, P.A.

Ref. Number: P97000037151

We have received your document for HENRY D. PALOCI III, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

The document is illegible and not acceptable for imaging.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 507A00066729

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

statement of cha	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Flor pration organized under the laws of the State	of FLORIDA
		fice or registered agent, or both, in the State	of Florida.
1. The name of	the corporation: HENRY D	PALOCI III, PA	
2. The principal	office address: 5560 BEE	RIDGE RD 7 SARASOTA FL 34233	
3. The mailing a	address (if different): PO BO	OX 177 ESTERO FL 33928	<u> </u>
4. Date of incor	poration/qualification: JAN	2006 Document number:	SE CO
5. The name and Florida Depart	d street address of the current rtment of State:	t registered agent and registered office on fil	DEC 20
	HENRY D PALOCI	111	mg a m
	5560 BEE RIDGE	RD 7 SARASOTA FL 34233	B: 26 STATE FLORID
6. The name and (if changed):		gistered agent (if changed) and /or registered	d office
	SCOTT MARTIN I	ROTH	<del></del>
	2500 AIRPORT R	D S #105 NOT acceptable)	
	NAPLES FL 34112	•	
The street addre	ess of its registered office ar be identical.	nd the street address of the business office	of its registered agent,
Such change was	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or b has been notified in writing of the change	y an officer so
Si lh	ire of an officer or director)	HENRY D PALOCI III (Printed or typed name	
-		red agent and agree to act in this capacity, ns of all statutes relative to the proper and cept the obligation of my position as regis change in the registered office address, I h this change	
151 S.H	the hil	ghlor	
	nature of Registered Agent) half of an entity:	(Date)	
/T	yped or Printed Name)		
(1		FILING FEF: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)