## P98000012066

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(Address)						
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(Business Entity Name)						
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SECRETARY OF STATE OF STATE OF CORPURATIONS

C.COULLIETTE

JAN 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
SUBJECT: MARIO'S PAINTING OF SOUTH FLORIDA, INC.  Name of Corporation						
DOCUMENT NUMBER: <u>P98000012066</u>						
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:						
RYAN S. COPPLE  Name of Contact Person						
RYAN S. COPPLE P.A. Firm/Company						
601 HERITAGE DRIVE, SUITE 228 Address						
JUPITER, FLORIDA 33458  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
RYAN S. COPPLE at (561) 623-5466  Name of Contact Person Area Code & Daytime Telephone Number						
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  Street Address: Amendment Section Division of Corporations Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of che	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Stat	te of FLORIDA		
1. The name of	the corporation: MARI	O'S PAINTIN	G OF SOUTH FLO	ORIDA, INC.		
2. The principal	office address: 4533 K	ELMAR DRIVE				
WEST PA	LM BEACH FL 334	15				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:	02/06/1998	Document number:	P98000012066		
	d street address of the cur rtment of State: (If resign		nt and registered office on f	ile with the		
	SPIEGEL & UTRERA, P.A.					
	11840 SOUTHWEST 22 STREET, 4TH FLOOR					
	MIAMI, FL 33145 U	ıs				
6. The name and (if changed):	d street address of the nev	w registered agent (	if changed) and /or register	ed office		
	RYAN S. COPPLE	, P.A.				
	601 HERITAGE DRIVE, SUITE 228					
	P.O. Box NOT acceptable					
	JUPITER, FLORID		<del></del>			
The street address changed will	ess of its registered offic be identical.	e and the street ad	dress of the business office	e of its registered agenta		
Such change wa authorized by th	as authorized by resolutine bound, or the corporat	on duly adopted b	y its board of directors or led in writing of the chang	by an officer so e.		
Signativ	of an officer or director		MARIO PENA Printed or typed nam	pres.		
I hereby accept I further agree to of my drities, an docuntentis bei corporation has	the appointment as regi to comply with the provi of I am familiar with and an filed merely to reflect been potified in writing	stered agent and a sions of all statute I accept the obliga t a change in the r t of this change.	gree to act in this capacits relative to the proper an tion of my position as reging egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
<b>U</b>	nature of Regunted Agent		"Date			
II signing on be	half of an entity:					
<u>Kadv</u>	> Loppy	<del></del>				

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