

K 70983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

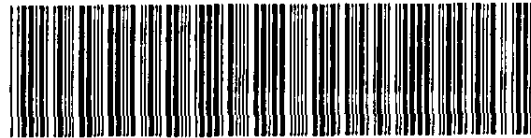
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Systems Repair Service Company Inc
(Name of Corporation)

DOCUMENT NUMBER: K 70983

Statement of Change
The enclosed ~~Officer/Director Resignation~~ for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bikram Jaswal

(Name of Person)

Systems Repair Service Company Inc

(Name of Firm/Company)

5187 NW 74 Avenue

(Address)

Miami FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Bikram Jaswal

(Name of Person)

at (386) 299-7880

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**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: Systems Repair Service Company, Inc.
2. The principal office address: 5187 NW 74th Avenue, Miami, FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/07/1989 Document number: K70983
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)

Vincent M. DeCeasare

5187 NW 74th Avenue

Miami, FL 33166

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

Bikram Jaswal

5187 NW 74th Avenue

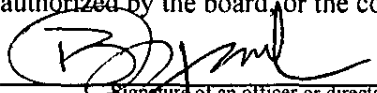
P.O. Box NOT acceptable

Miami, FL 33166

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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.

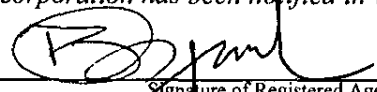


Signature of an officer or director

BIKRAM JASWAL PRESIDENT

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.



Signature of Registered Agent

May 10, 2011

Date

If signing on behalf of an entity:

BIKRAM JASWAL

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