

P190000 27105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

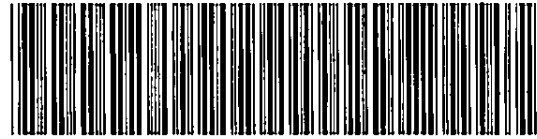
(Business Entity Name)

(Document Number)

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2019 APR-4 AM 9:12
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APR 13 2019
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERVICE ALICE, CORP
Name of Corporation

DOCUMENT NUMBER: P19000027105

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:

2018 APR-14 AM 9:12
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MARIO ROMERO
Name of Contact Person

ROMERO QUINTERO SOLUTIONS
Firm/Company

951 SHOTGUN ROAD
Address

SUNRISE, FL 33326
City/State and Zip Code

romeroquinterosolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Romero at (786) 9722843
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

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: SERVICE ALICE, CORP

2. The principal office address: 9999 SUMMERBREZE DRIVE, APT 306, SUNRISE, FL 33322

3. The mailing address (if different): NOT APPLICABLE

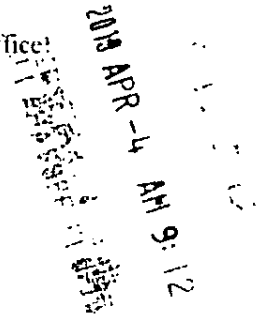
4. Date of incorporation/qualification: 03/25/2019 Document number: P19000027105

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)

ISABEL BALADI
9999 SUMMERBREZE DRIVE 306 SUNRISE, FL 33322

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

GEORGETTE ISABEL BALADI ISSA
9999 SUMMERBREZE DRIVE 306 SUNRISE, FL 33322
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

GEORGETTE BALADI
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

04/01/2019
Date

If signing on behalf of an entity:

GEORGETTE BALADI
Typed or Printed Name

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