

**P24000003976**  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000052014 3))



H240000520143ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

**FILED**  
2024 FEB -8 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: EFILE1234@INCFILE.COM

**REGISTERED AGENT CHANGE  
A&N SPARE SERVICES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

**RECEIVED**  
2024 FEB -8 AM 10:50  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

(((H24000052014 3)))

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A&N SPARE SERVICES INC.  
Name of Corporation

**DOCUMENT NUMBER:** P24000003976

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:

LOVETTE DOBSON

Name of Contact Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

Name of Contact Person

at ( ) 888-462-3453

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E045 (04/13)

(((H24000052014 3)))

**FILED**  
2024 FEB - 8 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

(((H24000052014 3)))

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: A&N SPARE SERVICES INC.
2. The principal office address: \_\_\_\_\_  
761 SE 7TH PL, HIALEAH, FL 33010
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01-12-2024 Document number: P24000003976
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)

REPUBLIC REGISTERED AGENT LLC

1150 NW 72ND AVE FOWER L STE 455

MIAMI, FL 33126

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

Adoni Felipe Fernandez

761 Se 7th Pl

PO Box Not acceptable

Hialeah, FL 33010

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.

Adoni Felipe Fernandez  
Signature of an officer or director

Adoni Felipe Fernandez - 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.*

Adoni Felipe Fernandez  
Signature of Registered Agent

February 7th, 2024

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

CR2E045 04.131

(((H24000052014 3)))

**FILED**  
 2024 FEB -8 AM 9:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FL