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(((H24000052014 3)))



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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

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

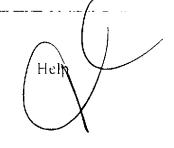
EFILE1234@INCFILE.COM Email Address:

REGISTERED AGENT CHANGE A&N SPARE SERVICES INC.

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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	d fee are submitted for filing.
Please return all correspondence concerning this matter to the foll-	owing:
LOVETTE DOBSON Name of Contact Person	2024 FEB -8 AM SEE
Firm/Company 17350 STATE HWY 249 STE 220	ASSEE.
Address HOUSTON, TX 77064	M 9: 04 OF STATE SSEE, FL
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual report notificati	ion)
For further information concerning this matter, please call:	

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

Name of Contact Person

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

at (______) 888-462-3453 Area Code & Daytime Telephone Number

CR2E045 (04/13)

LOVETTE DOBSON

2/8/2024 08:15 47 GST ______STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H24000052014)

(((H24000052014 3)))

statement of cha	provisions of sections 607,0502, 617,05 mge is submitted for a corporation orga or to change its registered office or regis	02–607,1308, or 617,1508. Florida 5 mixed inider the laws of the State of $rac{1}{2}$	Florida
1. The name of	the corporation: A&N SPARE SERVICE	.S 18C.	
2. The principal	office address:		
3. The mailing a	iddress (if different):		m - #
4. Date of incor	poration/qualification: (01/12/2024	Document number: P2400000),3976
	d street address of the current registered runent of State: (If resigned, enter resign	red)	
	REPUBLIC REGISTERFD AGENT ET	· ·	NZ4F
	REPUBLIC REGISTERED AGENT 1.1 1150 NW 72ND AVE FOWER LSTE 45 MIAMI, FL 33126	35	EB -
	MIAMI, FL 33126	• •	8 A
6. The name and (if changed):	d street address of the new registered ag	ont (if changed) and /or registered of	EEFFL R SIAIE
	Adom Felipe Fernandez		_
	761 Se 7th Pl		
	PO B Histoph, FL 33010	ox NOF neceptable	<u>.</u>
The street addr	ess of its registered office and the stree I be identical.		
Such change wanthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officed in writing of the change.	officer so
	I	Adoni Felipe Fernandez - Pr	
I hereby accept I further agree of my duties, or document is be corporation ha	t the appointment as registered agent a to comply with the provisions of all ste ad I am familian with and accept the of ing filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity, untes relative to the proper and con digation of my position as registere, he registered office uddress, I herel e.	nplete performance d agent. Or, if this by confirm that the
Adini	Fclipe Foranchez	February 7th, 2024	
Sig	enature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name * * # FILING I	TEE: \$35,00 * * *	
	MAKE CHECKS PAYABIT TO FI	ORIDA DEPARTMENT OF STATE	
N/ - CR2E045 (04:13)	TAIL TO: DIVISION OF CORPORATIONS.	P.O. BOX 6327, TALI AHASSEE, FL	
		(((H240)00052014 3))]