

P97000023203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

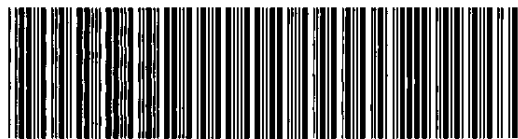
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

TBrown 7-12-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angelica Cleaning Services Inc.
Name of Corporation

DOCUMENT NUMBER: P97000023203

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:

Angelica Vasquez
Name of Contact Person

Angelica Cleaning Services Inc.
Firm/Company

757 Saint Albans Dr.
Address

Boca Raton FL 33486
City/State and Zip Code

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

For further information concerning this matter, please call:

Angelica Vasquez at (561) 394-5511
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Angelic Cleaning Services, Inc.
- 2. The principal office address: 757 St. Albans Dr.
Boca Raton FL 33486
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/10/1997 Document number: P97000023203

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)

Angelica Vasquez
757 St. Albans Dr.
Boca Raton FL 33486

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

Angelica Vasquez
22917 SW 56th Ave.
Boca Raton FL 33433
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.

Angelica Vasquez
Signature of an officer or director

Angelica Vasquez
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.

Angelica Vasquez
Signature of Registered Agent

7/5/2011
Date

If signing on behalf of an entity:

Angelica Vasquez
Typed or Printed Name

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