P98000048217

ZAYAS & ASSOC. 5757 Blue Lagcon Drive Suite \$50 Miami, FL 33126

City/State/Zip

Phone #

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1 2.	(Corporation Name)	(Docu	ment #)
	(Corporation Name)	(Досш	ment #)
3	(Corporation Name)	(Досш	ment #)
4	(Corporation Name)	(Docu	rment #)
☐ Walk in	Pick up time		Certified Copy
Mail out	Will wait	Photocopy	Certificate of Status

NEW FILINGS		
Profit		
NonProfit		
Limited Liability		
Domestication		
Other		

AMENDMENTS 2
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

Employee	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u>, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: STEPHANIE'S DESIGN & REPAIR, INC.
1a. Date of incorporation May 26, 1998 Document number P9800004821
2. The name and address of the current registered agent and office:
Victor Points, 1712 N. 16 Court, Suite B., Hollywood, FL 33020
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Samuel Angulo, 6562 SW 8 Ct., Ft. Lauderdale, FL 33068
The street address of its registered agent 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. SIGNATURE (name and title)
DATE October 9, 1998
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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. SIGNATURE (Registered Agent)
DATE Ortobox 0 1000

CR2E045 (7-90)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

98 OCT 12 PM 12: 20