74000040924 Requestor's Name

Mrs. E. Cendan 6051 SW 110th Ave. Miami, Fl. 33173-1133

Office Use Only

CORPORATION NAME(S)	& DOCUMENT.	(UMBER(S),	(if known):
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Offi
Limited Liability	Change of Registered Ag
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Other	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State ofFlorida
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: A. AVENTURA MAID SERVICES, INC.
2. The mailing address of the corporation is: 18405 West Dixie Highway,
North Miami Beach, Florida 33160
3. Date of incorporation/qualification: May 26, 1994 Document number: P94000040924 4. The name and address of the current registered agent and office:
Osvaldo R. Orozco, Esq.
1378 Coral Way, 4th Floor
Miami, Florida 33145
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
Myntotian Tho. 33324
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.
(Signature of an officer, chairman or vice chairman of the board)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 auties, and I am familiar with and accept the obligation of my position as registered agent.
Maudo Was rus 11-4-96 (Significat Agent) (Date)
(Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

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