F01000004091

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(During Full Mann)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
•						

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT:	NW Servic Name of C			
DOCU	JMENT NUMBER:	F01	000004	4091	
The en	closed Statement of Change	of Registered Offic	e/Agent a	and fee are submitted	l for filing.
Please	return all correspondence co	oncerning this matter	r to the fo	ollowing:	
	·	_		-	
		Hernar	n Jasin		
	:	Name of Co		son	
		NW Serv).	
	·	Firm/Co	ompany		
		10305 NW 41st		Suite 107	
		Add	ress		
	ä.			· ·	
		Doral, F City/State ar	L 33178	3	
		Chy/State at	iu Zip Cc		
		hernan.jasin@a	quanim	a.com	<u></u>
	E-mail addres	s: (to be used for f	uture ani	nual report notifica	ition)
	•				
For fur	ther information concerning	this matter, please of	call:		
	Rose Raude		at (305) 26	7-6909 ext 215 Telephone Number
	Name of Contact Po	erson	Ar	ea Code & Daytime	Telephone Number
Enclos	ed is a \$35.00 check made p	ayable to the Depart	ment of S	State.	
		ddress: ent Section of Corporations	٠,	Street Address: Amendment Secti Division of Corpo	
	P.O. Box			Clifton Building	STATIONS
	Tallahass	ee, FL 32314		2661 Executive C	Center Circle

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

statement of cha	nge is submitted for a c	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Delaware			
			ugent, or voin, in the stat	e of Fiorial.			
The name of the corporation: <u>NW Services Co.</u> The principal office address: 10305 NW 41st Street, Suite 107, Doral, Florida 33178							
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: _	08/02/2001	Document number:	F01000004091			
	street address of the cutment of State: (If resign		t and registered office on f	ile with the			
	CORPDIRECT AC	SENTS					
	515 E. PARK AVE			\$\frac{1}{2} \frac{1}{2} \cdot \frac{1}{2} \			
	TALLAHASSEE F	L 32301 US					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Hernan Jasin			M III			
	10305 NW 41st Street, Suite 107						
	Doral, Florida 331	P.O. Box. NOT acc	eptable				
The street addre	ss of its registered offi be identical.	ce and the street add	dress of the business offic	e of its registered agent,			
Such change wa authorized by th	is authorized by resolute board, or the corpora	tion duly adopted by ation has been notifi	y its board of directors or ed in writing of the chang	by an officer so			
Signatur	e of an officer ordirector		Hernan Jasin Printed or typed nam	, President			
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg o comply with the prov d I am familiar with ar ng filed merely to refle been notified in writin	ristered agent and a visions of all statute. Id accept the obliga ct a change in the r og of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y id complete performance istered agent. Or, if this hereby confirm that the			
C.	Las		10/18/2	011			
_	nature of Registered Agent : half of an entity:		Date				
HERNAN	•						
	ped or Printed Name						

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