

F08888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orlando Plating Co.

Name of Corporation

**DOCUMENT NUMBER:** F08888

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:

Servet Aral

Name of Contact Person

Orlando Plating Co.

Firm/Company

601 North Orange Blossom Trail

Address

Orlando, FL 32805

City/State and Zip Code

aralorlando@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Servet Aral

Name of Contact Person

at ( 407 ) 843-1140

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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orlando Plating Co.
2. The principal office address: 601 North Orange Blossom Trail  
Orlando, FL 32805
3. The mailing address (if different): 4728 Olive Branch Road APT 505  
Orlando, FL 32811
4. Date of incorporation/qualification: 02/2012 Document number: F08888
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)  
Aral Servet  
4827 Olive Branch Road APT 505  
Orlando, FL 32811
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Aral, Servet  
4728 Olive Branch Road APT 505  
P.O. Box NOT acceptable  
Orlando, FL 32811

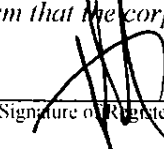
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FILED  
CORPORATION DIVISION  
TALLAHASSEE, FL

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.

 _____ <small>Signature of officer or director</small>	<u>Servet ARAL President</u> _____ <small>Printed or typed name and title</small>
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*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.*

 _____ <small>Signature of Registered Agent</small>	<u>9/20/2013</u> _____ <small>Date</small>
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If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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