F14000001852

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

Office Use Only



400279071914

11/16/15--01019--011 **35.00

TECHNORY OF STATE

NOV 1 7 2014 C. CARROTHERS

COVER LETTER

TO: Am Div	endment Section vision of Corporations			
SUBJECT:	ELITE MAINTEN ANCE &	HANAGENENT CORP.		
DOCUME	NT NUMBER: <u>F14000001850</u>			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please retur	m all correspondence concerning this matter to the	ne following:		
	JOSE INIGH Name of Contact	UEZ Person		
ELITE MAINTENANCE & MANAGENEM LIC				
3045 NE 12TH TERRACE Address				
OAKLAND PARK FL 33334 eng/State and Zip Code				
	ELENIO NYCPAPRO. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
<u>Jos</u>	Name of Contact Person	516, 233-1232		
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, the statement of change is submitted for a corporation organized under the laws of the State of NY in order to change its registered office or registered agent, or both, in the State of Florida.	·s	
1. The name of the corporation: FLITE MAINTENANCE & MANAGENENT	- COR	<u>יאר</u>
2. The principal office address: 545 NEACH AN AVE		
ELMONT, NY 11003		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/04/2009 Document number: F 14 00000	1850	20
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)	を記し	I AON
JOSE INIGUEZ	<u> </u>	9
10200 GALLERY STREET		
NEW PORT RICHEY FL. 34655	影片	÷0:
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
3045 NE 12TH TERRACE PO BOX NOT acceptable		
OAKLAND PARK, FL 33334		
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	agent,	
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.		
Signature of any officer or director TOSE IN IGUE2 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 duites, and I am familiar with and accept the obligation of my position as register agent. Or, if this document is being filed merely to reflect a change in the registered office address, thereby confirm that the corporation has been notified in writing of this change.	red I	
Signature of Registered Agent Date		
If signing on behalf of an entity:		
Typed or Printed Name		
* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)