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To:	Division of Corporations Fax Number : (850)617-6380	41 542 177 04 640	2020 Si	
From:	Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131 Fax Number : (888)453-0509			T;
anr	the email address for this business entity to be used for future hual report mailings. Enter only one email address please.** ail Address: info @ prestige cleaning fl. Com	₩4 2 2 2 2 2	63 :1	J

COR AMND/RESTATE/CORRECT OR O/D RESIGN PRESTIGE CLEANING GROUP INC

Certificate of Status	0
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,		SEP 4 2020
		M. SOLOMON
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:

Name of Corporation

DOCUMENT NUMBER: F20000003810

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

TAX ZONE INC

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Firm/Company

8865 COMMODITY CIRCLE STE 4

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@PRESTIGECLEANINGFL.COM

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

For further information concerning this matter, please call:

ED KOTLER

at (______) Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Contact Person

Ø\$35 Filing Fec

□ \$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy

□ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I

(1-3 MUST BE COMPLETED)

F2000003810

(Document number of corporation (if known)

PRESTIGE CLEANING GROUP INC

(Name of corporation as it appears on the records of the Department of State)

2. DELAWARE

3.09/01/2020

(Incorporated under laws of)

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?______

5._

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

		(New duration)		* : .	2020	
7.	. If the amendment changes the jurisd	iction of incorporation, indicate new jurisdiction.		14 - 354 27 - 7 29 - 7 29 - 7 20 - 7	SEP -4	
		(New jurisdiction)			-1.) 17:	
8.	If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent	or registered office address in Florida, enter the egistered office address:	e name of the		τ. C	
		(Florida street address)				
	<u>New Registered Office Address:</u>		, Florida			
		(City)		(Zip Code)		
	<u>New Registered Agent's Signature, if</u> I hereby accept the appointment as regis	changing Registered Agent: tered agent. I am familiar with and accept the o	bligations of the	e position.		

Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

• • •

Title/ Capacity	Name	Address	Type of Action
VP	YAHAIRA DELEON	4511 DAKOTA POINT COURT	ZAdd
		KISSIMMEE, FL 34746	/
			🗖 Add
		·	CRemove
			🗖 Add
. <u></u>			
			Remove
			🖾 Add
			Remove
 Attached is of the applic under the law 	a certificate or document of similar import ation to the Department of State, by the Sec ws of which it is incorporated.	, evidencing the amendment, authenticated i retary of State or other official having custod	not more than 90 days prior to delivery y of corporate records in the jurisdiction
	(Signature of a dir) 	nds of
	Luis Paulino	Per si	
	(Typed or printed name of person signing		erson signing)

FILING FEE \$35.00

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