

L18000290387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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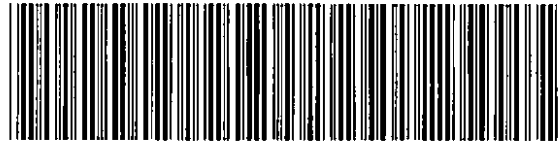
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TO: Amendment Section
Division of Corporations

SUBJECT: ANCAN SERVICES, LLC
Name of Corporation

DOCUMENT NUMBER: L18000290387

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:

ANGELO M. CANALES

Name of Contact Person

ANCAN SERVICES, LLC

Firm/Company

8345 KELSALL DRIVE

Address

ORLANDO, FL 32832

City/State and Zip Code

ANGELO3RD@AOL.COM

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

For further information concerning this matter, please call:

ANGELO CANALES

Name of Contact Person

at (407) 412-7101

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

CR2E045 (04/13)