118000290387

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COVER LETTER

TO:

Amendment Section Division of Corporations

ANCAN SERVICES LLC		
SUBJECT: ANCAN SERVICES, LLC Name of Corporation		
DOCUMENT NUMBER: L18000290387		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s 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 annua	I report notification)	
For further information concerning this matter,	please call:	
ANGELO CANALES	at (407)412-7101	
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	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
101111111111111111111111111111111111111	Tallahassee, FL 32303	

CR2E045 (04/13)

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

Pursuant to the provisions of secti statement of change is submitted f in order to change its reg	for a corporation organ	nized under the laws of the	e State of FLOR	RIDA		
1. The name of the corporation: A	NCAN SERVICES, LL	.c				
2. The principal office address: 613	8 E. SOUTH ST., SUIT	E 500, ORLANDO, FL 328	301			
3. The mailing address (if differen	at): 8345 KELSALL DR	RIVE, ORLANDO, FL 3283	32			
4. Date of incorporation/qualificat	The mailing address (if different): 8345 KELSALL DRIVE, ORLANDO, FL 32832 Date of incorporation/qualification: 01/01/2019 Document number: L18000290387					
5. The name and street address of Florida Department of State: (If	the current registered a	agent and registered office				
ANGELO M. CA	NALES					
618 E. SOUTH S'	T. SUITE 500					
ORLANDO, FL 3	32832			2023		
6. The name and street address of (if changed):	the new registered age	ent (if changed) and /or reg	gistered office	2023 OCT 16 PH		
390 N. ORANGE	AVE. SUITE 2300		FIA	E U		
ORLANDO, FL 3		x NOT acceptable		<u>ი</u>		
The street address of its registere as changed will be identical.	d office and the street	address of the business of	office of its reg	gistered agent,		
Such change was authorized by rauthorized by the board, or the co	esolution duly adopte orporation has been no	d by its board of directors otified in writing of the ch	s or by an offic nange.	eer so		
2m/DC		ANGELO M. CANALE	S, MGR			
Signature of an officer or direct		· ·	d name and title			
I hereby accept the appointment of further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in	e provisions of all stated with and accept the obj To reflect a change in the	tutes relative to the prope ligation of my position as he registered office addre	oacity. er and complete registered age ss, I hereby co	e performance ent. Or, if this infirm that the		
om och	\mathcal{Q}_{-}	10/09/2023				
Signature of Registered Ag	ent	Da	itc			
If signing on behalf of an entity:						
Typed or Printed Name						

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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