

N170000001255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

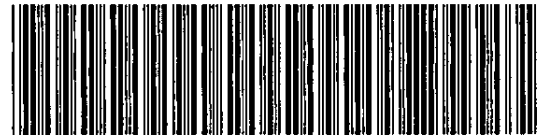
(Business Entity Name)

(Document Number)

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2017 FEB 27 PM 1:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FEB 28 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Angels AB Analyst Inc.
Name of Corporation

DOCUMENT NUMBER: N17000001255

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:

Mariloli Fernandez
Name of Contact Person

Angels AB Analyst Inc.
Firm/Company

8901 NW 111 Terr.
Address

Itialeah Gardens, FL 33018
City/State and Zip Code

Orlandito09c@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariloli Fernandez at (305) 333-8182
Name of Contact Person 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: Angels AB Analyst Inc
2. The principal office address: 8901 NW 111 Terr
Hialeah Gardens, FL 33018
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/02/2017 Document number: N17000001255
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)

Mariloli Fernandez
8901 NW 111 Terr.
Hialeah Gardens FL 33018

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mariloli Fernandez
11117 W Okeechobee Rd # 104
P.O. Box NOT acceptable
Hialeah Gardens, FL 33018-4212

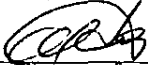
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


Signature of an officer or director

Mariloli Fernandez
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 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.


Signature of Registered Agent

2/22/2017
Date

If signing on behalf of an entity:

Mariloli Fernandez
Typed or Printed Name

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