

P02000041591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
LET
2-1-05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Star Professional Services Inc

(Name of Corporation)

DOCUMENT NUMBER: P02000041591

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Silva

(Name of Person)

All Star Professional Services Inc

(Name of Firm/Company)

4505 Stonehenge Rd

(Address)

Tampa, FL 33624

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcel

(Name of Person)

at (813)

966-7778

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 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, Florida 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 14, 2004

Andrea Silva
% ALL STAR PROFESSIONAL SERVICES, INC.
4505 Stongehenge Road
Tampa, FL 33624

SUBJECT: ALL STAR PROFESSIONAL SERVICES, INC.
Ref. Number: P02000041591

We have received your document for ALL STAR PROFESSIONAL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

To change the registered office, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson
Document Specialist Supervisor

Letter Number: 804A00069681

**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: ALL STAR PROFESSIONAL SERVICES INC
2. The principal office address: 5700 MEMORIAL HIGHWAY - SUITE 202C
TAMPA, FL 33615
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04-10-2002 Document number: P0200041591

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANDREA SILVA
4505 STONEHENG RD
TAMPA, FL 33624

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

ANDREA SILVA
5700 MEMORIAL HIGHWAY - SUITE 202C
(P.O. Box NOT acceptable)
TAMPA, FL 33615

2005 FEB - 1 PM 12:01
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.

x 
(Signature of an officer or director)

ANDREA SILVA - PRESIDENT
(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.

x 
(Signature of Registered Agent)

01-04-2005
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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