P04000036551

| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| 7608 Simms ST Hollywood, H. 33304 | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL. | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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900086279619

01/29/07--01026--008 **35.00

SECRETARY OF STATE OF

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

| statement of char | nge is submitted for a corporation organi | 2, 607.1508, or 617.1508, Florida Statute. zed under the laws of the State of Fig. | RIDA |
|--------------------------------------|---|---|--------------------|
| | | red agent, or both, in the State of Florida. LIFT REPAIR & MAINTENI ST: Hollywood, FL. | |
| 3. The mailing ac | dress (if different): | | |
| 4. Date of incorp | oration/qualification: 2-26-04 | Document number: Po 4000 | 934551 |
| 5. The name and Florida Depart | street address of the current registered agment of State: | ent and registered office on file with the | |
| | TERRI BELLANDO | | |
| | 2090 SW. 71 ST TERRA | | |
| | BODAVIE, FL 333 | 17 | OT OT |
| 6. The name and (if changed): | street address of the new registered agent | | SECRETARY PH 3: 23 |
| - | RICHARD CHRIST | OP HER | 9 PH 3: |
| - | 7608 SIMMS STR (P.O. Box NOT acceptable) | | 23 |
| - | Hollywood, Flo | RIDA 33304 | |
| The street addres as changed will be | s of its registered office and the street a | ddress of the business office of its regis | tered agent, |
| Such change was | authorized by resolution duly adopted board, or the corporation has been not | by its board of directors or by an office ified in writing of the change. | r so |
| A. | MUSTI | Printed or typed name and title) | 1-2 R |
| · - | fol an officer or director) the appointment as registered agent and a comply with the provisions of all statu I am familiar with and accept the oblig g filed merely to reflect a change in the been notified in writing of this change. | (Printed or typed name and title) [l agree to act in this capacity. tes relative to the proper and complete pation of my position as registered agent registered office address, I hereby conf | |
| A | all estal | | • |
| (Sign | ature of Registered Agent) | 123 0 L (Date) | |
| If signing on beh | alf of an entity: | | |
| (Ту | ped or Printed Name) | | |
| | * * * FILING FEI | E: \$35.00 * * * | |

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