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PICK-UP WAIT MAIL
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(Document Number)
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02/20/06--01044--014 **35.00

COVER LETTER

Division of Corporations
SUBJECT: Has Raminez Cleaning IN (Name of Corporation)
DOCUMENT NUMBER: <u>PO4 0000 49.319</u>
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:
Hugo Ramicez (Name of Contact Person)
(Firm/Company)
6290 Cedar tree LN
Naples Fl 34116 (City/State and Zip Code)
For further information concerning this matter, please call: Hugo Ramifez at (Z39, B21, Z225) (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 's statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HUGO Ramirez Cleaning, INC 2. The principal office address: 6200 Cedar tree Lane
1200 for file 3111h
1104 15 11 34110
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/13/04 Document number: P040000 493
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 6. The name and street address of the new registered agent (if changed) and /or registered office
resyned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Hugo RAMINEZ
(P.O. Box NOT acceptable)
- righty fr 5411c
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.
(Printed or typed name and title)
Hhereby 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 copporation has been notified in writing of this change.
Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)