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(Requestor's Name)							
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(City/State/Zip/Phone #)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Emity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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COVER LETTER

TO:	Amendment Section Division of Corporations							
SUBJE	CT: NOUSTRIAL EQUI	PMEUT REPAIR, INC.						
DOCU	MENT NUMBER: PO4000	136356						
The enc	closed Statement of Change of Registered Office/A	gent and fee are submitted for filing.						
Please r	eturn all correspondence concerning this matter to	the following:						
	STEVEN (S	(ANCE)						
	INDUSTRIAL EQUIPMENT REPAIR, INC., (Firm/Company)							
1300 FLLER DRIVE (Address)								
	FORT LAUDERPALE, FL 33316 (City/State and Zip Code)							
For furt	her information concerning this matter, please call	:						
	STEVEN GANGE (Name of Contact Person)	at (954) 920-9292 (Area Code & Daytime Telephone Number)						
Enclose	ed is a \$35.00 check made payable to the Departme	ent 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						

TO:

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

Pursuant to the provision statement of change is su in order to chan	bmitted for a corpora	ntion organized unde		of FLORIT	
1. The name of the corpo	ration: 📗 🕽 🖈 🖂	STRIAL E	DUIPMENT RI	EPAIR IN	اد.
2. The principal office ad	dress: 1300	ELLER D	RIUE	·	
	Fr 1	AUDERDALE	- FL 333 IL	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3. The mailing address (if	different):	ne_			
4. Date of incorporation/	qualification: 93	0 2004 Da	cument number: Pe	40001	36356
5. The name and street at Florida Department of		registered agent and	registered office on fil office		
	76	0 NE 7+	n Avenue		⊋ 7-0-9-
	Do	WIA FL	33004		LAR R
				,	C 19
6. The name and street as (if changed):	ldress of the new regi	stored agent (if char	ged) and for registere	agent & dollicers	AMII: 4.7
	130	00 ELLER	2 DRIVE	<u></u>	STA STA
	(P.O. Box. N	RT LAUDER KOT aucepitelle)	DALE, FL	<u>33</u> 316	
The street address of its as changed will be ident	registered office and	I the street address	of the business office	of its register	ed agent.
Such change was author authorized by the board	ized by resolution d or the corporation	uly adopted by its b	oard of directors or b	oy an officer s	O
(Signiture eyen ed)	mo		TEUEN (7An	Soft	
I hereby accept the app I further agree to compl of my duties, and I am f document is being filed corporation has been no	pintment as registere with the provisions antitar with and acc merely to reflect a co ptified in writing of t	ed agent and agree s of all statutes rela cept the obligation a hange in the registe his change.	to act in this capacity five to the proper and f my position as regi red office address, T	e l complete per stered agent, nereby confin	rformance Or, if this n that the
→					
	kegistarid Agenti		(Ikste)		_
If signing on behalf of a	n entity:				
(Typed or Pr	inted Name)				

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