## P05000052817

Alicia PELEZ  ZOGI SW 70 Are F#7  DAVIE, FC. 33317
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## 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	`.
Flore: 0A in order to change its registered office or registered agent, or both, in the State	
of Florida	
1. The name of the corporation: A FIRST CLASS SANITORIAL SERVICES	,
2. The principal office address: 730 Sorrento De Weston	·
Fl 33326	
3. The mailing address (if different): Same as above	
3. The maining address (a differency.	
4. Date of incorporation/qualification: 4/16/05 Document number: PO50000528	ָ֖֖֖֖֖֖֖֖֖֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֟֝֓֓֓֟֝
the state of the s	3 **
5. The name and street address of the current registered agent and registered office on file with the	<u>^</u> .
Florida Department of State:	
Nahir L. Crespo 5 7	
730 Sorrento De	•
WC970~ F1 33326 F9	
	V
6. The name and street address of the new registered agent (if changed) and /or registered affice (if	; #
changed): ALicia Perez	1. ,
2061 Sw 70th Avenue-Boy-F-7	
(P.O. Box or personal mailbox NOT acceptable)	
Dovie F1 33317	- 1
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.	
Maha L. Creso President	
(Signature of an officer, chairman or vice chairman of the board) (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 addiess. I hereby confirm that the corporation has been notified in writing of this change.	
Mer 26-05	
(Significant of Registered Agent) (Date)	1.5
If signifig on behalf of an entity:	
(Typed or Printed Name) (Capacity)	

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