P05000055915

(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:	ł		
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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Nete's Cleaning Services, Inc. (Name of corporation)
DOC	UMENT NUMBER: P05000055975
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	GISELLE FACUNDES (Name of contact person)
	Nete's Cleaning Services, Inc. (Firm/Company)
	4379 SW 10TH PLACE 306 (Address)
	DEERFIELD BEACH, FL 33442 (City/state and zip code)
For fu	rther information concerning this matter, please call:
Giselle	e Facundes at (754) 367-1570 (Name of contact person) (Area code & daytime telephone number)
Enclo:	sed 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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(6/04)

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organiz r to change its registered office or register	zed under the laws of the State of F	LORIDA			
1. The name of	the corporation: Nete's Cleaning Services	, Inc.				
2. The principal	office address: 4379 SW 10TH PLACE 3	06				
	BEACH, FL 33442					
3. The mailing a	ddress (if different):	<u> </u>				
4. Date of incorp	poration/qualification; 04/11/2005	Document number; P0500005	55975			
	I street address of the current registered agreement of State:	ent and registered office on file with	the			
	Juscelino De Oliveira Machado					
	4379 SW 10TH PLACE 306					
	DEERFIELD BEACH, FL 33442		05 S SECR			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Juscelino De Oliveira Machado		D F STA FLOR			
	9873 Lawrence Road, E-207		RIGH W			
	(P.O. Box NOT acceptable)		P			
	Boynton Beach, Fl 33436					
The street addre as changed will	ess of its registered office and the street a be identical.	ddress of the business office of its	registered agent,			
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an c	officer so			
Juscelino Machado (Printed or typed name and title)						
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capacity, tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the			
X Jusque	hature of Registered Agent)	08/08/2005 (Date)				
If signing on be	half of an entity:					
- ri	voed or Printed Name)	,	• •			

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