## POS000089255

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Consideration to 500 and 500            |
| Special Instructions to Filing Officer: |
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08/23/05--01003--025 \*\*35.00

05 AUG 23 PH 1: 43 ALLAHASSEE, FLORIDA

Gr.

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Commercial Appliance Technician Swices, I  |
| DOCUMENT NUMBER: P05000089255   |
| 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:                     |
| (Name of contact person)  |
| Commercial Appliance Technician Serv.   |
| 789/W. Flagler St. #204   |
| Migmi, FC. 33144 (City/state and zip code)  |
| For further information concerning this matter, please call:                                  |
| Mars Frankl at (305, 984-2175   |
| (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 409 E. Gaines Street Tallahassee, FL 32399

## 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   statement of change is submitted for a corporation organized under the laws of the State of   107.000   |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation. mmercial Appliance Lechnician  |
| 2. The principal office address: 187/ (1). + 109/er #304   |
| Miami, H. 33144  |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification: 6/22/05 Document number: P05000087255  |
| 5. The name and street address of the current registered agent and registered office on file with the  |
| Florida Department of State:   |
| Jessica L. Arquelles   |
| 7891 W. Flooder St. #201   |
| N:001 (2) 3211/1/ EE 5   |
|  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Alexis Arquelles = 1   |
| 2891 W. Fregler St. #200 = 5   |
| (P.O. Box NOT acceptable)  |
| Miami, LC. 33/44   |
| 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.  |
| ( Jessim Isquellan Tessica Arquelles, tres.  |
| (Signature of an officer of director) (Printed or lyped name and thie)   |
| 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 address, I hereby confirm that the corporation has been notified in writing of this change. |
| Hoxis Registered Agent) 8/16/05 (Date)   |
| If signing on behalf of an entity:   |
|  |

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

(Typed or Printed Name)