P06000065226

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SECRETARY OF STATE
TALLAHASSEF FIRE



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NINA CLEANING SERVICE, INC. (Name of Corporation)
DOCUMENT NUMBER: P06000065226
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:
Ceverina Torres (Name of Contact Person)
Nina Cleaning Service, Inc. (Firm/Company)
13726 Huntwick Drive
Orlando FL 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
Ceverina Torres (Name of Contact Person) at (407) 579-3524 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of change is submitted f	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida gistered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	NINA CLEANING SERVICE, INC.
	13726 HUNTWICK DRIVE ORLANDO FL 32837
3. The mailing address (if differen	1):
4. Date of incorporation/qualificat	ion: 5/8/06 Document number: P06000065226
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the
Ceve	rina Torres
3956	Town Center BIND # 129 8
	Ndo FL 32837
(if changed):	the new registered agent (if changed) and /or registered office
Cever	ina Torres
1372	6 HUNTWICK Drive
Orlan	6 HUNTWICK Drive (P.O. Box NOT acceptable) do FL 32837
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by rauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so or proration has been notified in writing of the change.
(Signature of an officer or direct	Ceverina Torres (Printed or typed name and title)
	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.
(Signature of Registered A)	7/24/06
If signing on behalf of an entity:	· · · · · · · · · · · · · · · · · · ·
Ceverina Torres (Typed or Printed Name)	<u> </u>

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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