

PO6000069325

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200167308382

AZ 2/4/10  
E. DENNARD

**Malave, Erin M.**

PO6000069325

---

**From:** Lisette Marino [aleaksolution@yahoo.com]

**Sent:** Tuesday, February 02, 2010 2:06 PM

**To:** CorpAddressChange

**Subject:** Address Change Request

We need to change the address for A Leak Solution, Inc. to 3945 Davis Rd; Lake Worth, FL 33461.

Thank you

Lisette Marino  
**A Leak Solution, Inc**  
[www.aleaksolution.com](http://www.aleaksolution.com)  
561-697-4290