07000017448

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(Address) (City/State/Zip/Phone #)	
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(Business Entity Name)	06/23/0301010007 **3
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COVER LETTER

Division of Corporations							
SUBJECT: WEST SERVICES CENTER INC. Name of Corporation							
DOCUMENT NUMBER: PO+ 000017 448							
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:							
ARIEL MARMOLE JOS Name of Contact Person							
Name of Contact Person							
WEST SERVICES CENTER INC.							
Firm/Company							
10491 SW 884h St Ste F201 Address							
Address							
MIAHI FL 33176 City/State and Zip Code							
·							
mhernan 234@aol.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
ARIEL HARHOLE JOS at (305) 494-535 \ Name of Contael Person Area Code & Daytime Telephone Number							
Name of Contael 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301							

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

	provisions of secti nge is submitted f									-
	to change its reg		_	_			-	ida.		
1. The name of the	he corporation:	WEST	SER	VICES	CEN	MER,	MC.			
2. The principal of	he corporation: office address:	10491	SW	88 dh	ste	Ste	F201			
		HIAHI	FL	3317	16					
3. The mailing ac	ddress (if differen	nt): <u>SA</u> Y	nE	A5 -	ABO	JE_		· · · · · · · · · · · · · · · · · · ·	w	
4. Date of incorp	oration/qualificat	tion: 2	+107	Doc	ument i	number: _	P07(0000)17	448
5. The name and	street address of tment of State: (If	the current re	gistered	agent and r					0	
	10511	SW	884	~ St-	Ste	E205		E C	ال و	
		SW MIAH	l 1 =	1. 33	76			HASS	¥ 2:	<u>m</u>
		,,,,,,,,	1				:	Y OF	3 P	LED
6. The name and (if changed):	street address of							STATE		O
	704	AI SI MIAHI	FL P.O. Box No	3317	88 6	SHC I	201			
The street addre as changed will	ss of its registere be identical.	ed office and	the stree	t address o	of the bu	isiness of	fice of its r	egistered	i agen	t,
Such change wa authorized by th	is authorized by the board, or the c	resolution du orporation h	ly adopte as been n	ed by its bootified in	oard of writing	directors of the ch	or by an of ange.	ficer so		,
-	e of an officer or direct						name and title			
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment o comply with th d I am familiar v ng filed merely to been natified in	as registered te provisions with and acce to reflect a ch writing of th	l agent a of all sta ept the ob ange in t is chang	nd agree t stutes relai pligation o he registes e.	o act in ive to ti f my po red offic	this capa he proper sition as i se addres	acity. and complete and complet	lete perfo agent. O confirm	rman r, if th that th	ce iis ie
	4					6/15	109			_
	nature of Registered Appendix half of an entity:					Date				
ARIEL	HA RHOLE	Jos								

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