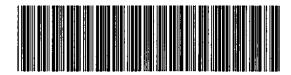
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A.B.C. Business Services Inc. (Name of Corporation)
DOCUMENT NUMBER: P07000061379
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:
Etena Feenandes. (Name of Contact Person)
St. May adult Care (Firm/Company)
5716 sw 149 place
miami, Fl 33193 (City/State and Zip Code)
For further information concerning this matter, please call:
Flena Frenande 2 at (786) 314-2284 (Area Code & Daytime Telephone Number)
Fundamental in a \$25.00 shoots and according to the Department of State

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 Streef 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 GORPORATIONS

Puisuant 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
1. The name of the corporation: A.B.C. Business Services, INC.
2. The principal office address: 14777 Sw 154 C+
miami, F1 33196
3. The mailing address (if different): 5710 800 149 Pl.
miami, F1 33193
4. Date of incorporation/qualification: 5 22 2007 Document number: P07600061379
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Frenances, Elena L
11365 SW 161 st Ct
miami, F1 33196 UB
11365 SW 161 st Ct Miami, F1 33196 UB 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Feenandez, Elena L
14272 SW 154 CT (P.O. Box NOT acceptable)
miami, F1 33196
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.
Eletar E a some
(Signature of an officer or director) (Printed or typed name and title)
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 im 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 properties of this change.
(Signature of Registered Agent) 7 Ue O7 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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