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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

TB

1-16-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MSA Cleaning Systems, Inc.
(Name of Corporation)

DOCUMENT NUMBER: A07000121499

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:

Stefanie DiRado
(Name of Contact Person)

MSA Cleaning Systems, Inc.
(Firm/Company)

7025 CR 46A - Suite 1071-367
(Address)

Lake Mary, FL 32746
(City/State and Zip Code)

For further information concerning this matter, please call:

Stefanie DiRado at (407) 557-8905
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 2, 2008

STEFFANIE DIRADO
MSA CLEANING SYSTEMS, INC.
7025 CR 46 A SUITE 1071-367
LAKE MARY, FL 32746

SUBJECT: MSA CLEANING SYSTEMS, INC.
Ref. Number: P07000121499

We have received your document for MSA CLEANING SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete number six on the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 108A00000129

RECEIVED
100 JAN 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MSA Cleaning Systems, Inc.
2. The principal office address: 7025 CR 46A - Suite 1071-367
Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/7/07 Document number: P07000121499

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Ken Ingram
7025 CR 46A - Suite 1071-367
Lake Mary, FL 32746

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Stefanie DiRado
7025 CR 46A - Suite 1071-367
(P.O. Box NOT acceptable)
Lake Mary, FL 32746

CPhone
407-557-8905

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.

Stefanie DiRado
(Signature of an officer or director)

STEFANIE DIRADO - PRESIDENT
(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 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.

Stefanie DiRado
(Signature of Registered Agent)

12/20/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)