## PO800069754

(Requestor's Name)	•	
(Address)	•	
(Address)	•	
(City/State/Zip/Phone #)	•	1
PICK-UP WAIT MAIL		
• (Business Entity Name)	8 c 40m 24	.,,
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		n k ps
		N.
		$\bigcap_{i \in I} f_i$

Office Use Only

7/7



000157835410

06/29/09--01040--001 \*\*70.00

2009 JUN 29 AM 8: 1:
SECRETARY OF STATE
TALLAHASSFF FINANCE

Phron &

## **COVER LETTER**

Division of Corporations		
SUBJECT: Equipment Re	pair Service of South Flori Name of Corporation	ida Inc.
DOCUMENT NUMBER:	P08000069754	
The enclosed Statement of Change of	Registered Office/Agent and fee are	submitted for filing.
Please return all correspondence conce	erning this matter to the following:	
	Beth Pratt	
	Name of Contact Person	
Equipmer	t Repair Service of South Flori	da Inc.
	i iim/Company	
	4601 Enterprise Ave. Unit 1	
	Addiess	
	Naples, Florida 34104 City/State and Zip Code	
<del></del>	City/State and Zip Code	
E-mail address: (	beth@vanderbiltdev.com to be used for future annual repor	t notification)
For further information concerning th	s matter, please call:	
Beth Pratt	at ( 239 )	566-1616
Name of Contact Person	n Area Code &	566-1616  Daytime Telephone Number

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

statement of cha	inge is submitted for a cor	poration organiz	, 607.1508, or 617.1508, Flo ted under the laws of the Stat red agent, or both, in the Stat	te of Floirda	
1. The name of	the corporation: Equipn	nent Repair	Service of South F		
	office address: 911 NW Pines, Florida 3302		ite 104		
3. The mailing a	address (if different):				e.n
4. Date of incor	poration/qualification:	2008	Document number:	P08000069754	
	d street address of the current of State: (If resigne		ent and registered office on f	ile with the	
	Eric Morales				
	15101 S.W. 27th St	reet			
	Davie, Florida 3333	31		2009, SECI	
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or register	2009 JUN 29 SECRETARY ALLAHASSE	
	Eric Morales			EFE A	<u> </u>
	20401 SW 52nd St		<u></u>		
	Pembroke Pines, F	P.O. Box NOT	acceptable	<b>Σ</b> ω	
The street addr	ess of its registered office		address of the business offic	ee of its registered agent	•
Such change w authorized by t	as authorized by resolution beard, or the corporat	on duly adopted ion has been not	by its board of directors or ified in writing of the chang	by an officer so ge.	
Signam	ire of an bit cer or prector		Eric Morales Printed or typed nam	President	
I hereby accept I further agree of my duties a document is be corporation ha	t the appointment as regit to comply with the proving I am familiar with and ing flied merely to reflect to been notified in writing	stered agent and sions of all statu l accept the obli t a change in the t of this change.	l agree to act in this capaci ites relative to the proper a gation of my position as reg e registered office address,	gistered agent. Or, if this I hereby confirm that the	e is e
	gnature of Registered Agent		June 17 Date	,2003	
Fric	ehalf of an entity:				

\* \* \* 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)